CMP Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

20/27 December 2003

Script fraud to be a criminal offence in NI

Deregulation disaster, warns local authority

Think-tank blasts pharma research focus

Pharmacy and the Edwardian funny bone

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Presentation: Nasal sprays and drops, containing Xylometazoline Hydrochloride 0.1% w/v (Sprays and Adult Drops) or 0.05% (Otrivine Child Nasal Drops). **Indications**: Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hay fever), sinusitis. **Dosage and Administration**: Sprays and Adult Drops: Adults and elderly: Spray and Menthol Nasal Spray: One application in each nostril 2 or 3 times daily. Measured Dose Sinusitis Spray: One application in each nostril 1 to 3 times daily. Adult Drops: 2 or 3 drops in each nostril, 2 or 3 times daily. Sprays and Adult Nasal Drops not suitable for children under 12. Otrivine Child Nasal Drops: Children under 12: One or 2 drops in each nostril 1 to 2 times daily. Doctor's advice needed for infants under 2 years, not to be used in infants under 3 months. **Contra-indications**: Sensitivity to ingredients. Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions**: Do not exceed the recommended dose or use for more than [illegible] days. Use with caution in patients showing a strong reaction to sympathomimetic agents, or with heart or circulatory disease. Advisable not to use in pregnancy. Each pack should be used by one person only to prevent cross-infection. Do not [illegible] for more than 28 days after opening. **Side Effects**: Occasional burning in nose and throat, local irritation or dryness of nasal mucosa, nausea, headache. Systemic cardiovascular effects have been reported. Occasional restlessness in small children [illegible] Drops. **Legal Category**: GSL. **Product Licence Nos, Trade Price and Suggested Retail Price**: Otrivine Adult Nasal Spray: PL 0030/0116 10ml £1.91, £2.99; Otrivine Adult Menthol Nasal Spray: PL 0030/0118 10ml £1.91, £2.99; [illegible] Measured Dose Sinusitis Spray: PL 0030/0117 10ml £2.40, £3.75; Otrivine Adult Nasal Drops: PL 0030/0115 10ml £1.91, £2.99; Otrivine Child Nasal Drops: PL 0030/0114 £1.59, £2.49. **PL Holder**: Novartis Consumer Health, Wimblehurst [illegible] Sussex RH13 SAB. **Date of Preparation**: August 2002.

Published Saturdays by
CMP Information Ltd,
Sovereign Way,
Tonbridge, Kent TN9 1RW

C&D on the internet at
http://www.dotpharmacy.com/

Subscriptions: (Home) £155 per annum, (Overseas & Eire) $369 per annum including postage, £2.60 per copy (postage extra)
Additional Price List £100 per annum

Circulation and subscription:
CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF
Telephone 01858 438809
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature

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C&D

Chemist & Druggist

Volume 260 No 6424
First published
September 15, 1859
ISSN 0009-3033

NI targets script fraud with criminal charges

Criminal charges for prescription fraud in Northern Ireland are to be introduced by the Government as part of a crackdown on the practice.

Northern Ireland has already tried fixed penalty charges for those making false claims for free prescriptions. There have been 500 charges imposed in the Province this year.

But Northern Ireland minister Angela Smith said the Government would now proceed with more powerful measures included in regulations, which have already passed through Parliament.

She said key actions taken to date, included the establishment of a dedicated counter fraud unit to co-ordinate work to tackle prescription fraud; the introduction for pharmacists of point-of-dispensing treatment checks to confirm exemption from charges; and the introduction of a fixed penalty charge.

She said: "In sustaining efforts to further reduce patient exemption fraud, it is planned to take the following actions:

- "The implementation of the criminal charge element of the Fixed Penalty Charge regulations. This will provide for a fine, upon conviction, of up to £2,500 for those who have been found to be persistently misclaiming exemption from health service charges.
- "Renew publicity early in the new year regarding the fixed penalty charge scheme and the various categories of exemption that apply across the family health service.

"The indications are that the measures introduced over the last few years have contributed to reducing the losses by some £6 million per annum. While this reflects significant progress, we will continue to work for further improvements to ensure funds are not denied to the health service."

FINANCE

LPC retains levy

PSNC chairman Barry Andrews has written to contractors in north east London, saying that they will have to pay directly to access PSNC services.

The letter follows the action of the North East London LPC withholding levy payments to PSNC for two years. Although contractors will have had the levy deducted from their payments from the PPA, this money, worth over £100,000, is now being held by the LPC rather than forwarded to PSNC.

The LPC withheld the money over PSNC's response to resolutions passed at the March 2001 LPC Conference. Despite negotiations, PSNC says the money has not yet been received,

Barry Andrews has written to contractors about paying for PSNC services

but has received another letter on December 8 imposing a number of preconditions to payment of the outstanding levies.

PSNC argued it would be unfair to contractors across the country who had paid the levy, to continue to otherwise provide services to NEL contractors.

The Pharmaceutical Group of the European Union held a reception to highlight community pharmacists as an integral part of public health resources. The delegates [illegible] heard how pharmacists are ideally placed to carry out pharmaceutical care programmes, health information and prevention campaigns and data collection activities. In addition, the PGEU has published its response to the G10 Medicines Initiative on innovation and the provision of medicines in Europe. It includes statements on pharmacists' unique role in improving compliance, pharmacovigilance, generic substitution and information providing. The report can be found on the group's website, www.pgeu.org

POLICY

UK small businesses continue decline

The continued loss of small businesses in the UK is leaving more communities without access to essential local services, says an independent think-tank.

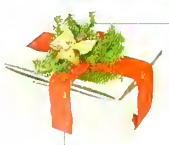
Closures of banks, post offices, grocers and pharmacies have continued despite government regeneration strategies, the New Economics Foundation says in its report *Ghost Town Britain II: Death on the High Street.*

The publication, which follows the NEF's prior report on the decline of local economies due to the development of large multiple retailers, calls for regulatory changes to support local regeneration, especially in areas of deprivation.

The NEF is critical of the OFT recommendations on community pharmacy deregulation, saying that the plans would impact on an area's economic and community health.

Improving community health has a wider impact on the overall economic health of an area and this is an issue that has been overlooked by those supporting deregulation, says NEF.

Molly Conisbee, co-author of the report, said: "The local pharmacy is an essential lifeline for many in our communities and deserves to be treated as such. The OFT would like to see it as purely retail enterprise, but this to ignore the crucial social and health function they serve for many – not least the DoH."



Season's Greetings

We would like to thank all of our readers, contributors, suppliers and advertisers for your continued support throughout 2003 and to wish you all a happy and prosperous 2004.

In lieu of Christmas Cards, C&D will be making a donation to the British Heart Foundation in memory of our colleague and friend, Nina Keller-Henman.

Local council warns DoH of deregulation disaster

A local council has warned the Government that its proposed partial deregulation of entry controls could have a disastrous effect on the pharmacy network.

Coventry City Council has questioned, in its response to the DoH consultation on pharmacy control of entry, how the Government expected pharmacists to play a central role in healthcare if entry controls are relaxed.

Coventry Council cabinet member for health Joe Clifford told the DoH: "The partial deregulation envisaged in this consultation could have a deleterious impact on the well-developed network of community pharmacists."

He added: "New entrants in large shopping malls or with long opening hours would probably signal fierce competition for existing pharmacies that might be more in the 'community' and hence more accessible to those most in need of their services.

"I harbour a fear that more competition or 'choice' could, in this instance, be advantageous only to those well placed to exploit that opportunity, thanks to better transport, stronger personal and community support and generally better health."

Referring to the Government's 'balanced package' of exemptions, Mr Clifford asked how a pharmacy could be allowed to trade without restriction while its activities impacted on adjacent traders who operated under tighter regulations. He added that where pharmacies are open for 100 hours per week, pharmacists must always be present and that PCTs should take a "dim view" of those who fail to open for the required period.

Mr Clifford said PCTs should consider local regeneration plans as part of any community pharmacy strategy. He also expressed concern that pharmacies located in LIFT centres "could exist in tension with the worthy objective of making community pharmacists a first, and in some cases only, point of contact with the NHS".

Welcoming the Council's response, Coventry LPC secretary Les Yeates said a review of community pharmacy services by an elected authority had more impact than those from the LPC or other pharmacy group because, under new legislation, PCTs have to respond to council health scrutiny reports.

He added that it was important for LPCs to be involved in local authority reviews of pharmacy services because "as elected councillors, they represent the local community and, therefore, if there is an issue, which directly affects the local community, councillors will seize upon it".

Coventry City Council is one of the first authorities to use new legislation, which allows local councils to open up health-related decision making to public scrutiny.

NI launches sexual health consultation

Northern Ireland has published a sexual health consultation designed to tackle the increasing number of teenage pregnancies and sexual diseases.

Health minister Angela Smith said: "The strategy aims to improve, protect and promote the sexual health and wellbeing of the population of Northern Ireland. Actions are proposed in the areas of prevention, education and training, services and data collection and research, and require the statutory, voluntary and community sectors to work together in partnership."

According to the document, young people have difficulty accessing emergency contraception, and about 25 per cent of the visits to voluntary sector sexual health services by under 20-year-olds were for this service. Responses to the document are invited by March 19, 2004.

For more information:

www.dhsspsni.gov.uk

PSNC renames contract tiers

PSNC has renamed the three levels of service provision in the proposed new pharmacy contract.

They will now be called essential, advanced and supplementary instead of essential, enhanced and additional. The changes are to avoid confusion with terms used in the new GMS contract. The name changes will not affect the services offered at each level.

Clarification

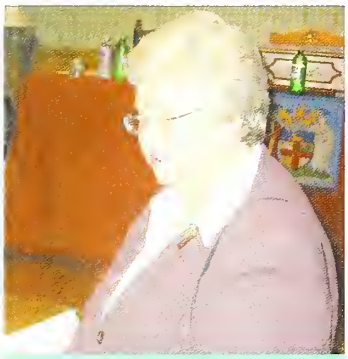
The quote highlighted in the Quarterly Business Trends Survey report (*C&D December 13 p30*) titled 'Is the Society listening?' saying 77 per cent of respondents were not reasonably happy with the plans, referred to the Government's intentions for the control of entry requirements, and not the RPSGB's draft Charter. Details of the survey are available by contacting the magazine on 01732 377487 or *chemdrug@cmpinformation.com*.

SOS prepares legal action against Council

SOS campaigners say they will take legal action against the RPSGB Council members who voted to petition for a new Charter earlier this month.

The group says it will apply to the High Court on the basis that Council had "not only exceeded but abused its powers". Council members have acted *ultra vires* and exceeded their authority by petitioning for a new Charter without seeking members' approval at a special general meeting, the SOS believes.

But RPSGB secretary and registrar Ann Lewis disagreed with the SOS view. "It is quite wrong to suggest that, in the matter of the new Charter, the Council has acted outside its authority, in bad faith or without taking members' views into account." She said the Council has used "robust processes" and also highlighted the 11 Charter roadshows, 38 extra branch meetings and the modernisation debates at the AGM, BRM and the BPC.



However, she conceded that members had a right to disagree and had "recourse to the law should they wish to test their view".

The SOS has already announced (*C&D, December 13, p4*) that it will issue a counter-petition to the Privy Council against the Society's Charter application. Comments on the Society's petition must be delivered by January 24, 2004 to the Privy Council Office, 2 Carlton Gardens, London SW1Y 5AA.

● The SOS group has launched an appeal to fund its legal expenses. It has raised £25,000 so far but is looking for £100,000 in total. A memorandum has been produced to handle the funds and any unused money will be returned, says the group.

For more information:
www.saveoursociety.org.uk

Apology for fake ballot support

Royal Pharmaceutical Society Council member Andrew Burr has apologised to SOS campaigner Hassan Argomandkhah for sending false messages supposedly backing the SOS's campaign for a Charter ballot (*C&D, December 6, p6*).

Mr Burr sent text messages and e-mails in the names of the RPSGB's president, secretary and registrar, as well as Council member Clive Jackson and three other pharmacists, which claimed to support the ballot petition.

Mr Burr said he was trying to show that the process of collecting support in this way was fundamentally flawed.

But the SOS checked the validity of each name on the petition, and Mr Argomandkhah believes Mr Burr should apologise publicly, through the pharmacy press, to all pharmacists who signed the petition.

Mr Burr could not be contacted for further comment.

Questiontime

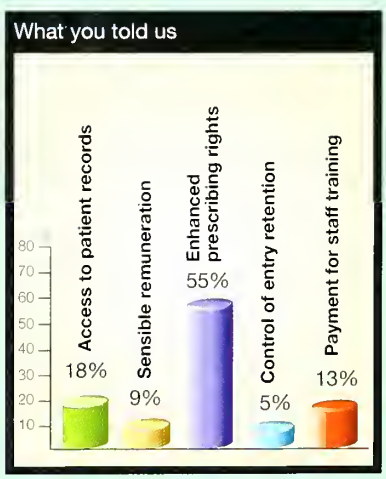
Sponsored by UniChem

Last week we asked you: "Which pharmacy 'want' has the most chance of being noticed in the Prime Minister's 'big conversation'?" You replied (see right):

This week's question: "Who from the following would you like to see in your Christmas stocking?"

● Gill Hawksworth (RPSGB) ● Rosie Winterton (DoH)
● John D'Arcy (NPA) ● Sue Sharpe (PSNC)
● Frank Owens (SPGC) ● Sheila Maltby (PSNI)

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on December 30 to cast your vote. We will publish the results in *C&D*, January 3, 2004.



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Bury PCT pilots ailments scheme

by Fiona Salvage
fsalvage@cmpinformation.com

Three pharmacies and six GP practices in Bury PCT are involved in a six-month minor ailments pilot scheme.

Patients attending GP surgeries involved in the scheme with one of a list of minor ailments will be referred to a participating pharmacy, where pharmacists will be able to prescribe from a list of OTC medicines. The scheme aims to encourage patients who are exempt from prescription charges to get simple medicines from pharmacists rather than GPs.

Ailments covered in the scheme include coughs, nasal congestion, sore throat, constipation, oral and vaginal thrush, diarrhoea, indigestion, heartburn and stomach upset.

Fin McCaul, one of the pharmacists participating, said the scheme was "very professionally rewarding" and had helped "to raise the public's awareness of pharmacy's role in general".

If the pilot is successful, it will be rolled out to other pharmacies in the area, Mr McCaul said. Patients' responses have been positive, he added, as have those of the pharmacists and GPs involved.

PCT consults pharmacists on medicine strategy

Community pharmacists have voiced opinions on a PCT's draft medicines management strategy before it is integrated into the trust's agenda.

East Elmbridge and Mid-Surrey community pharmacists suggested additions and criticisms of the PCT's strategy at a meeting held by its pharmaceutical team.

PCT chief pharmacist Vanessa Lane said pharmacists supported most of the strategy's content, but suggested other areas to take the profession forward. These included further patient group directions, integrated care records and supplementary prescribing.

The PCT will develop its existing clinical governance work further as part of its medicines management strategy and this will stand pharmacists in good stead when the new contract comes on line, said Ms Lane. The PCT already has supervised methadone and repeat dispensing programmes and plans to pilot PGDs on NRT alongside revamped smoking cessation services, she added.

Lambeth OUTLOOK

My Christmas wish list

Beverly Parkin, director of public affairs at the RPSGB, takes a look back at what has been a busy year in Westminster

Some politicians can't abide Christmas. This is not because it heralds the start of another wearying year of legislative wrangling. Nor is it the thought of all those interminable drinks receptions with lobbyists, or more worryingly, with constituents. No, politicians can't bear Christmas because of Santa Claus.

Father Christmas not only polls far higher in the public's esteem than most Cabinet ministers, he is also very good with kids and only has to deliver once a year.

Your average MP just can't compete. The Rt Hon Member for Lapland North unashamedly wears bright red clothes, irritating the sober-suited socialists. He intervenes in the lives of his constituents on one night only; the kind of hands-off government most Conservatives can only dream about. He's far too popular for New Labourites, who think his soundbite "Ho ho ho" is old hat but have to concede that it plays well with the ABC1s *and* DEs.

The new ministerial team at the Department of Health, under the very un-Santa-like John Reid, hit the ground running as far as pharmacy is concerned. A raft of new consultations was announced in the summer, as well as the turbulent launch of the OFT's investigation into the community pharmacy market. Indeed, at a recent All-Party Pharmacy Group meeting, Rosie Winterton confessed that in her first few weeks she felt she had been "made minister for pharmacy". Prime Minister, take note.

Pharmacists will hope that the political ground will be more stable at the DoH next year, enabling policy continuity and detailed understanding of our core issues at ministerial level. It is worth noting that, with rough times ahead for the Government, an early post-Hutton Inquiry reshuffle cannot be ruled out.

The Opposition too has had its changes. Michael Howard's much trumpeted reshuffle left the shadow cabinet more focused and energetic but actually brought forward few new names. However, we do note the return of Andrew Lansley as shadow health secretary (a position which is confusingly beneath the shadow secretary of state for health and education and outside the shadow cabinet) who is a pragmatic and thoughtful politician from the Tory left.

Paul Burstow MP climbed the Lib Dem ladder earlier in 2003 to take over from Dr Evan Harris, who stepped down as shadow health secretary. He has worked on the health brief since the 2001 election and so comes to the role with a wealth of knowledge and experience.

If 2003 saw changes and challenges, 2004 looks to be similar. The DoH has just awarded BT the contract to develop electronic patient records over 10 years. Pharmacists are promised full engagement with this process. There will be plenty more developments to interest pharmacists next year: final responses to consultation on the OFT recommendations; the new community pharmacy contract; the development of *Agenda for Change*; and the further roll-out of pharmacy plans along with the recent recommendations arising from the patient choice consultation.

So my political Christmas wish is a continued excellent working relationship with ministers and a very real sense of dialogue to help pharmacists influence their own future.

Season's greetings and happy New Year to you all.

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*contains Pseudoephedrine

*contains Pseudoephedrine and Ibuprofen

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Drowsy Sudafed Decongestant Tablets Product Information: Presentation: Tablets containing 60mg pseudoephedrine hydrochloride. **Uses**: Symptomatic relief of allergic rhinitis, common cold and influenza. **Dosage**: One tablet every 4-6 hours up to s a day. Not suitable for children under 12 years. **Contraindications**: Hypersensitivity; severe hypertension, severe coronary artery disease, use of MAOIs or furazolidone in preceding 14 days. **Precautions**: Mild-to-moderate hypertension, renal impairment, hepatic impairment, heart disease, diabetes, hyperthyroidism, glaucoma, prostatic enlargement. Tricyclic antidepressants, other sympathomimetic agents e.g. decongestants, appetite suppressants, amphetamine-like psychostimulants. May reverse ensive action of drugs which interfere with sympathetic activity e.g. bretylium, bethanidine, guanethidine, debrisoquine, methyldopa and alpha and beta blockers. **Pregnancy & lactation**: Not recommended. **Side effects**: Sleep disturbance, skin rash, retention, hallucinations. **RRP (ex VAT)**: 12s, £1.83; 24s, £3.14. **Legal category**: P. **PL holder**: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. **PL number**: 15513/0024. **Date of preparation**: October 2003.
Drowsy Sudafed 12 Hour Relief Product Information: **Presentation**: Modified-release tablet containing 120mg pseudoephedrine hydrochloride. **Uses**: Symptomatic relief of allergic rhinitis, common cold and influenza. **Dosage**: One tablet every urs, maximum daily dose 2 tablets. Not suitable for children under 12 years. **Contraindications**: Hypersensitivity; severe hypertension, severe coronary artery disease, use of MAOIs or furazolidone in preceding 14 days. **Precautions**: Mild-to-moderate ensian, renal impairment, severe hepatic impairment, heart disease, diabetes, hyperthyroidism, glaucoma, prostatic enlargement. Tricyclic antidepressants, other sympathomimetic agents e.g. decongestants, appetite suppressants, amphetamine-like ostimulants. May reverse hypertensive action of drugs which interfere with sympathetic activity e.g. bretylium, bethanidine, guanethidine, debrisoquine, methyldopa and alpha and beta blockers. **Pregnancy & lactation**: Not recommended **ffects**: Sleep disturbance, skin rash, urinary retention, hallucinations. **RRP (ex VAT)**: 6s, £2.55; 12s, £4.25. **Legal category**: P. **PL holder**: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. **PL number**: 15513/0034. **of preparation**: August 2003.
Drowsy Sudafed Duol Relief Mox Product Information: **Presentation**: Tablets containing Pseudoephedrine HCl 30mg, and Ibuprofen 200mg. **Uses**: Symptomatic relief of cold and flu symptoms including nasal & sinus congestion with headache, fever. **Dosage**: Adults and children over 12 yrs: 1 or 2 tablets every 4 to 6 hours, maximum 6 per 24 hours. Under 12 yrs: Not recommended. **Contraindications**: Hypersensitivity, heart disease, circulatory problems, kidney disease, peptic hypertension, diabetes, phaeochromocytoma, closed angle glaucoma, allergy to aspirin or other NSAIDs, concurrent use of tricyclic antidepressants, painkillers or decongestants, use of MAOIs in the past 2 weeks. **Precautions**: Asthma, thyroid e, prostatic hypertrophy, renal or hepatic impairment. **Pregnancy and lactation**: Not recommended. **Side effects**: Hypersensitivity reactions, insomnia, dizziness, excitability, anxiety, tremor, palpitations, dry mouth, nausea, dyspepsia, GI bleeding, f appetite, thirst, skin rash, chest pains, and less frequently muscle weakness, difficulty in micturation, hallucinations and thrombocytopenia. **RRP (ex VAT)**: 12s, £2.55; 24s, £3.99. **Legal category**: P. **PL Holder**: Whitehall Laboratories. combe Lane South, Taplow SL6 0PH. **PL Number**: 00165/0109 Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ **Date of preparation**: August 2003.

Drug industry criticised for neglecting research

by Sasa Janković
sjankovic@cmpinformation.com

A report from independent think-tank The King's Fund has criticised the relationship between government and the UK pharmaceutical industry for focusing too heavily on developing new medicinal drugs to the detriment of research into other ways of improving health.

Getting the Right Medicines? also claims the pharmaceutical industry has neglected major groups such as children, women and older people, whose specific health needs are not taken fully into account.

The report blames this narrow focus on the failure of successive governments to clarify health-related research and development objectives and says the relationship between government and the pharmaceutical industry, which it describes as an implicit public-private partnership, needs to be made more explicit.

Report author Anthony Harrison said: "For too long the pharmaceutical industry has been in the driving seat of this relationship, with government acting as a passive purchaser of drugs. Whilst this partnership has undoubtedly been an economic success, the interests of patients and the public clearly do not always coincide with what will be most profitable for the pharmaceutical industry."

Getting the Right Medicines? calls for the introduction of a Health Research and Development Task Force to identify why certain treatments and sections of society are neglected or poorly served by existing research and development programmes.

Dr Trevor Jones, director-general of the ABPI, said: "The pharmaceutical industry in the UK is one of the most innovative in the world, and its research programme embraces an enormous range of disease targets.

"The industry invests nearly £9 million every day in Britain alone in the search for new medicines and has produced an enormous range of treatments that are, in many cases, life-savers."

For more information:
www.kingsfund.org.uk

Perrigo adds Peter Black to its stable

by Sasa Janković
sjankovic@cmpinformation.com

The Perrigo Company of Michigan USA has paid an undisclosed sum for Peter Black Pharmaceuticals Ltd (trading as Peter Black Healthcare) of Swadlincote, Derbyshire, a leading UK manufacturer of vitamin and mineral supplements and herbal remedies for the own-label and contract manufacturing markets.

This acquisition expands Perrigo's UK operations beyond its Wrafton Laboratories in Braunton, Devon.

Both the Peter Black and Wrafton identities will transfer to the Perrigo name, with Peter Black Pharmaceuticals Ltd trading as Perrigo UK Ltd with immediate effect. Wrafton will convert to the Perrigo identity over the next six months.

There are no immediate operational changes being made and the two companies will operate as separate entities while a strategic review is undertaken.

Jeff Needham, managing director of Wrafton Laboratories, who will serve as managing director of Perrigo in the UK responsible for both operations, said: "This acquisition is further evidence of Perrigo's commitment to the UK marketplace."

Wales seeks cost models

The Welsh Assembly Government is asking for cost models for central purchasing to be developed.

Despite widespread opposition from the pharmaceutical industry, professional bodies and others to the plan to introduce central purchasing of medicines in Wales, the WAG has not yet decided to rule out central purchasing. An industry spokesman said on Wednesday that the latest WAG action had "come as a surprise".

Twenty one years for United Co-op

United Co-op Healthcare Group has celebrated its 21st anniversary with a ball at the Reebok Stadium, Bolton.

General manager John Nuttall said: "From those beginnings in north Staffordshire, United Co-op Healthcare has grown into a business operating more than 130 pharmacies and a number of wholesale businesses, with a turnover of £120 million."

Nucare increases hours

Nucare's customer service team has increased its hours of operation to members to 9am-7pm on weekdays and 9am-2pm on Saturdays.

Swains seasonal opening

Swains is staying open for its conventional office hours of 8.00am to 5.30pm on December 24, 27, 30 and 31 for extra Christmas orders.

Retailers can contact Swains over the festive season using its LoCall telephone number 0845 4504242, or free fax number 0800 6529100. In addition, if you are logged into Swains' digital price list scheme, you can place your orders by email at *sales@swains.co.uk*

PC help for smoking quitters

Visionsoft has added to its Colourfulfish line of software with an aid to giving up smoking. The new PC package lets smokers calculate the effect smoking has had on their health and their wallets, providing an ongoing savings calculator and health advice.

For more information:
Tel: 01274 610503.

GSK restructures deals

by Sasa Janković
sjankovic@cmpinformation.com

GlaxoSmithKline has relented after shareholder revolts at its summer AGM, and revised its remuneration arrangements for executives.

Chief executive Jean-Pierre Garnier's entitlement to three years of additional pension contributions and age enhancement will now be consolidated into an annual contribution rate to his money purchase pension scheme of 15 per cent of his salary and bonus. He still stands to earn between £4 million and £5.7m per year under the new scheme.

It has also cut executives' controversial notice period from 24 months to 12 months and realigned severance payments accordingly.

The new arrangements leave basic salary and bonus plan unchanged and place greater emphasis on performance shares as opposed to share options, reflecting best practice in long-term incentive arrangements. Executives who own shares will be required to retain them for at least 12 months after retirement.

GSK chairman Sir Christopher Hogg said: "The new policy is clear and unambiguous and will be operated consistently. We firmly believe it is in the best interests of the company and its shareholders."

GSK has also announced the promotion of Dr Tadataka (Tachi) Yamada, chairman, Pharmaceuticals Research & Development, to executive director of GlaxoSmithKline plc from January 1, 2004.

Sir Christopher Hogg said: "GlaxoSmithKline has a very strong executive team led by Dr Garnier and I am very pleased that the board will now benefit from the direct presence of Tachi, who has great knowledge and experience in medicine as well as in the pharmaceutical industry."

TransScript ETP closing down at end of year

TransScript ETP, developer of Electronic Transmission of Prescriptions, is closing its operations on December 31, 2003.

TransScript was formed by PharMed, which has been involved in developing secure open industry standards for ETP since 1997. The PharMed project will also close on December 31.

"Over the past six years, PharMed and TransScript successfully completed two ETP pilots, developed an in-depth knowledge of prescribing and dispensing processes and helped put ETP on the map at a national level," said TransScript's operations director Martin Strange. "We would like to think that we helped to raise the profile of community pharmacy, something that we hope will continue."

Struck off for decade of errors

A Kent pharmacist who made a catalogue of dispensing errors over nearly a decade has been ordered to be struck off the Register.

The Statutory Committee heard how Bharatkumar Patel of Ramsgate, who had previously been given two reprimands and a written reprimand for a total of 11 errors between October 1994 and November 1999, supplied an incorrectly labelled drug and a wrong catheter last year.

The Committee had not removed him from the Register previously because some of the errors had occurred while he was working in "a cramped dispensary" and were "prior to him agreeing a new extended protocol for dispensing medicines".

Turning to the new allegations, Geoffrey Hudson, acting for the Society, said Mr Patel provided a wrong catheter for a male patient. The prescription, which was issued by a district nurse, had called for a pre-filled 10ml balloon but he dispensed three non pre-filled catheters.

"That took place when he was operating from his new dispensary and the new dispensary protocols had been in place for a while," said Mr Hudson.

He said Mr Patel had not known what to supply and had telephoned the NPA for advice. He also tried to telephone the nurse but assumed that she had made an error. The other error – in which Mr Patel supplied a pack of 28 carbamazepine tablets but labelled them as 60 cimetidine tablets as the prescription directed – happened before Mr Patel moved into his new dispensary but at a time when the new protocols had been in place.

"Had he carried out elementary checks as to what he was dispensing, the error would have been picked up. The Society will say that it appears, notwithstanding the move to the new dispensary and the new protocols, the errors are continuing."

Mr Patel admitted the allegations but said it was "difficult to say how the error over the drug with the incorrect labelling had occurred".

Committee chairman Lord Fraser of Carmyllie QC said the Committee had found Mr Patel proven both of the allegations made against him and that they were "such as to render him unfit to be on the Register. We do not consider it can be in the public interest following this catalogue of errors in almost a decade that we can reprimand him again."

Mr Patel has three months to appeal.

Six years of drug abuse leads to reprimand

A pharmacist who consumed medicines without permission or prescriptions for more than six years has been reprimanded.

The Royal Pharmaceutical Society's Statutory Committee heard last week how staff at Moss Pharmacy in Merseyside noticed pharmacist John Campbell taking codeine linctus and codeine phosphate tablets on a number of occasions without paying for them or having a prescription.

Geoffrey Hudson, representing the Society, said the incidents occurred "over a protracted period from 1995 to 2002". He said it was the Society's case that taking these medicines without his employer's authority was a breach of trust and to do so without prescriptions was a breach of the law.

"Drinking codeine linctus from stock bottles from the pharmacy ran entirely counter to acceptable standards of hygiene and also acceptable professional behaviour," said Mr Hudson.

The Committee heard evidence from staff, who said they observed Mr Campbell drinking the medicine from the stock bottle once or twice a week.

In his defence, Mr Campbell, from Altringham, Cheshire, told the Committee he "shamefully acknowledged" the allegations made against him. "I took the codeine to control the bowel condition that I was suffering with and I still suffer from." He said he had been "foolhardy and misguided" in his actions but they did not endanger his patients.

He said he had taken the medicine so that he could continue working. "My intentions were honourable but misguided. I did it to keep myself working. There would have been no problem if I could get to the toilet. I would be desperate to go to the toilet but would then be interrupted."

He admitted his use of the medicines escalated towards the end of his time at the pharmacy but put this down to his increasing workload and other pressures within the company. He said if his staff had not reported the matters he might still be self-medicating on the very same drugs.

Mr Campbell was dismissed from his post last year and immediately consulted his GP about his medical condition.

Committee chairman Lord Fraser of Carmyllie QC said although they found his conduct was such as to render him unfit to be on the Register, they would not give a direction for removing his name because he had co-operated with the Society's inspectors, there was no evidence of psychological addiction and the fact that he had taken medicines in a "misplaced effort at self-medication".

Drug addict dispensed adrenaline, not methadone

A locum pharmacist who mistakenly gave a drug addict adrenaline ampoules instead of methadone has escaped being struck off the RPSGB Register.

John Bryant of Solihull admitted failing to check what was in the three ampoules he gave to a drug addict while working at Brights Chemist in Northfield. He also admitted failing to give the patient advice about seeking medical attention.

The Statutory Committee concluded last week that although his initial error and his subsequent failures meant he was no longer fit to remain on the Register, it would issue a reprimand as he had retired.

Geoffrey Hudson, for the Society, said: "The pharmacist did not check what was written on the injections, except that the number of injections was three. Had he carried out the checks the technician's error would have been noted."

When the patient injected himself with one of the ampoules he realised that something was very wrong. He felt his head was exploding, his heart was racing and he could not walk nor keep his hands still.

On returning to the pharmacy at 10am to ask what he had been given it was only then that Mr Bryant realised the error. He told the patient not to take any more medication until after 1pm.

Mr Hudson said: "The pharmacist should have been aware that adrenaline should only be administered intravenously with extreme care and caution. It was wrong for him to minimise the potential effects of what had happened. He should have advised PC to seek advice. He should have notified the owner of the pharmacy or the superintendent."

Mr Bryant said he was as shocked as the patient when he returned to the pharmacy.

Ple@se e-mail your views to chemdrug@cmpinformation.com

Patient safety a priority

I am writing in response to your leader article (*C&D, November 29, p16*) concerning the future of various health agencies including the National Patient Safety Agency.

You say that the existence of the NPSA is hard to justify in the current climate. I cannot see how working to improve the safety of NHS patients can ever be hard to justify or described as a "luxury".

The NPSA knows that errors involving medication are one of the most important and frequent types of error that occur in the NHS. For example, in primary care an estimated one to 11 per cent of all prescriptions are associated with some sort of error.[1]

Our work to date has acknowledged this, as Wendy Harris's article demonstrated with reference to our very first Patient Safety Alert on the topic of medication errors involving potassium chloride and action to prevent deaths linked to oral methotrexate.

We know that pharmacists already take patient safety very seriously, and prevent a significant number of medication errors. But in practice, things can and do go wrong, and these incidents, apart from the significant economic cost that this has for the NHS, are also distressing for the staff and patients involved.

To say we have not been set up with pharmacists in mind could not be more wrong. NPSA has appointed two full-time pharmacists to develop solutions to reduce the risk of harm to patients as a result of medication errors.

We are not "surrogates for the customer choice that the NHS cannot provide" but recognise the real impact that the involvement of healthcare professions can have on the safety of patients. Pharmacists have a vital role to play in minimising risks to patient safety associated with the prescribing, supply and use of medicines including reporting incidents which require our attention, and in helping us to work on solutions.

In their role of verifying patient prescriptions and reviewing doctors' instructions to patients, pharmacists have always been the traditional guardians of patient safety in the field of medication. We remain committed to involving them in the issues we target and the solutions we develop to improve patient safety.

Sue Osborn,
joint chief executive,
National Patient Safety Agency.

1. Sanders T, Esmail A. The frequency and nature of medical error in primary care: understanding the diversity across studies. Family Practice 2003;20:231-6.

SOS plans more activity

In July of this year, Gill Hawksworth was at the very beginning of her first year as RPSGB president. Having attended the final Charter roadshow at Lambeth, I wrote: "The question is, although we have a new president and a new presidential team, has the attitude towards the membership changed?" (*C&D, July 12, p14*).

So where are we, six months on? Well there was no meeting with the Save Our Society group, its independent legal advice (*C&D, August 16, p14-16*) was ignored and Council never got the opportunity to hear an alternative to the 'Bulling' legal mantra.

Worse still, the RPSGB has petitioned for a new Royal Charter without even the Council having seen the final document – still less the membership. To add insult to injury, the Modernisation Steering Group's communication lead, Andrew Burr, attempted to undermine the SOS petition for a referendum by sending false texts of support purporting to originate from some senior members of Council, including the president and senior officials such as the secretary and registrar.

Graham Phillips: "This issue will run and run"

And, as if all of this were not enough, wording that had been widely agreed at the informal Council meeting on December 1 was amended overnight without agreement and presented to the Council literally 15 minutes before the official meeting the next day. This ill-advised last-minute attempt at Machiavellian manipulation seems to have been the final straw for at least one third of the Society's Council – swelling the tide of dissent from the 'SOS three' to the 'Lambeth eight'.

Upon analysis, does the final version of the Charter stack up? The short answer must be NO!

- Object three (representation) has been emasculated.
- Membership democracy has been reduced to 'tokenism'.
- The assets, which arguably could be worth anything up to £1 million, have been all but misappropriated.
- Our membership body has been repositioned as a regulator – despite this being democratically challenged by the membership at every opportunity.

So does the story end here? Absolutely not! It is the view of the SOS campaign – a view backed by our legal advisors – that Council has acted illegally and has abused its power. We will be entering a robust counter-petition to the Privy Council and taking appropriate and potent action in the high court.

This issue will "run and run". Happy Christmas Lambeth!

Graham Phillips,
St Albans.

Comment from the Editor

It is not as if the Government has not been warned about its potentially deleterious policies towards the community pharmacy sector. While there are few who disagree with its outline for the profession's role, government plans for the backdrop against which it will be performed contain many inconsistencies.

The balanced package of measures dealing with the control of entry regulations has not yet been finalised, but it is hard to see how the Government will be able to justify its position if it ignores all the comments that have been made opposing its proposals. Not only have pharmacists, other health professionals, the public and an independent economic think-tank said no, but a local authority – a democratically elected body – has also come out on pharmacy's side. The Government's proposals would be disastrous, says Coventry City Council.

This week an economic think-tank has again highlighted the threat of pharmacy deregulation. Community pharmacy plays a pivotal role in giving the population easy access to essential local services.

The year ends much as it began, with many uncertainties, and while there are more opportunities within the reach of pharmacists, whether these will be offered in the traditional community pharmacy setting seems less certain.

All is not lost, though. Much can still be done to ensure the Government's appreciation of pharmacy becomes the main influence on policy. Public support for pharmacy can flourish if pharmacists are given the government support they need to offer a wider and more easily accessible range of professional health services than offered by the NHS at present.

Take the opportunity, then, as the Christmas sales season ends, to recharge your batteries and enter into 2004 invigorated and passionate about a profession and business that serves the health of the nation well.

A local authority – a democratically elected body – has also come out on pharmacy's side

Charterupdate

RPSGB president Gill Hawksworth answers recent questions about the Charter petition

Recurring Charter concerns

Doesn't the Government require that health regulatory bodies have a majority of lay members on their councils?
Not at all. While the Government has made it clear that keeping our current Council composition is not an option, current legislation actually prohibits the imposition of a lay majority and the new Charter, if granted, would guarantee a specifically pharmacist majority.
Won't increased lay membership of the Council impact on its ability to represent its members? Won't there be a conflict of interest?
Why? The Society has nothing to fear from increased lay membership. Some have said that lay members would put more emphasis on the public benefit, but what possible aspect of representing the members that falls within the Society's current remit (bearing in mind that we can't, for example, negotiate remuneration) could be actively against the public interest? Endorsement from lay members will add to our impact.

Gill Hawksworth: the Society has nothing to fear from increased lay membership

Council has decided to go for a purely regulatory function, leaving behind representation and membership.
Absolutely not! We have always said that we want to strengthen the professional leadership role, not downgrade it, and the new Charter should enable the Society to become one of the foremost professional leadership bodies in health. We also want to further develop the ways in which we support members in their professional practice. We won't be able to represent pharmacists' individual and sectoral interests, but then we cannot do that now. You can't lose what you don't have.
Why can we not split the Society in two with one half representing members and one half regulating?
The Society could potentially give up its statutory role and its Charter and become a private, voluntary organisation exclusively to promote the interests of pharmacists.

However, the Government would almost certainly not create a new regulatory body for pharmacy. It's much more likely that pharmacy would be added to the 12 professions already regulated by the Health Professions Council. Pharmacy would have lost its independent self-regulatory body. There would be only one pharmacist on a 26-strong Health Professions Council. The Society would also lose its place on the new overarching council of health regulators.

Pharmacy would lose ground if the Society gave up its regulatory role. For a profession of its size, pharmacy punches above its weight. It is the Society's broad remit that gives it that strength and credibility, making its representational work much more effective than it would otherwise be.

BlackBAG

A case of up and under

I made a difficult choice the year Co Down won the All Ireland Cup. At one particularly tense moment, which led to the victory of Northern Ireland's County Down in the Irish Football League, I received three calls to attend men with severe chest pains. They were all avid supporters and obviously the last minute score was just too much for their dodgy tickers. I sent out two ambulances to the furthest away patients, reasoning that traffic gives way faster to a Big White Van than to a small red Peugeot.

Watching England v Australia in the rugby union final I wondered just how many men were reaching out for the phone just as Jonny was reaching out for the poles. Probably the majority of England's GPs were watching exactly the same thing and praying, not unlike Jonny, that no one would call. Suffering a myocardial infarction at exactly the wrong time can be embarrassing.

From a Pope entertaining a lady of the oldest profession to members of the other oldest profession entertaining ladies, history is full of fatally

How many men were reaching out for the phone just as Jonny was reaching out for the poles

embarrassing moments. Which is why I thought about the explosion in oral erectile dysfunction drugs. Surprisingly few men, and for that matter women, die during sexual intercourse. But many male patients complain of sexually induced angina while many female patients complain of similarly induced male snoring. Both are potentially life threatening.

But where, I asked myself, would a man tend to put his nitrate spray or tablet? On the bedside cabinet of course! A potentially dangerous cocktail when mixed with the new anti-impotence drugs. So thank goodness all the men are watching Jolly Jonny and his erect rugby ball instead. Not a single call during the match. Marvellous.

Dr Ian Banks is a GP practising in Northern Ireland

TOPICAL REFLECTIONS

Let's see wider use of NHS logo

Community pharmacy is inextricably linked to the NHS and most of the public see pharmacists as an integral part of that service. The fact that, actually, we are not causes much misunderstanding with patients, but rather than petulantly defending the incomprehensible it makes more sense to accommodate public expectations and change our relationship with the NHS.

A major step in this process are the present negotiations to reform our contract, but a minor though more visible approach has been made by Stuart Moul Pharmacy in Whitchurch, Bristol, which has incorporated the NHS logo prominently on its illuminated shop fascia (*C&D, December 13, p6*). It is obvious to all that this pharmacy is an integral part of the NHS.

I know that Stuart Moul is not the first community pharmacy to publicise the NHS logo but those which do are few and far between. Perhaps as we enter a new year, when latent professional aspirations could at last be realised, this small but significant gesture should be as much a recommended identification sign for all NHS community pharmacies as is the green cross a recognised identification for the profession of pharmacy.

All I want for Christmas is...

I ceased believing in Father Christmas when I first started in practice, but put a long white beard, voluminous red coat and bobble hat on John Reid, Secretary of State for Health, and even I can see a passing resemblance to the Lapland legend. Did I hear correctly? The current trial repeat prescription scheme will be extended to all pharmacies by the end of 2004 and three years later electronic technology will enable patients to collect their repeat prescriptions directly from any pharmacy.

Well that was what the gentleman is reported as saying and it is all driven by the new NHS priority of providing patient choice. Choice that should also deliver more POM to P switches, pharmacist chronic disease management and locally organised minor ailment schemes.

So perhaps Father Christmas does exist after all and has unveiled enticingly wrapped pharmacists' presents just in time for the festive season. But beware pretty promises in attractive wrapping. All these goodies have a 'sell by' date of April 2004 ... all fools day!

So how was it for you?

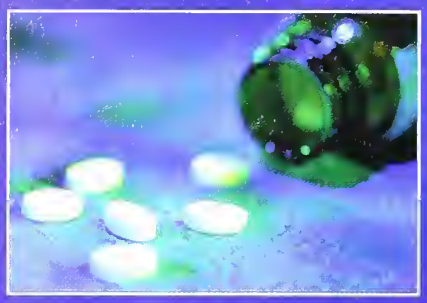
According to last week's *C&D Question Time* only 14 per cent of replying pharmacies predict better trading figures than last year. It is certainly a jungle out there and as a source of Christmas present buying most pharmacies accept that they are losing ground to other retailers. But I am not dismayed.

I may not be in the 14 per cent category, but over the last few weeks I have seen my sales of winter medicines rising and they are well ahead of last year. I certainly do not wish my patients bad health but the occasional bout of minor upper respiratory tract infection is certainly beneficial to my business. I am in business to sell medicines and certainly it is not my customers who accuse me of conflict of interest – they return for further advice.

Most of the increase in medicine sales is coming from P medicines and from my recommendations. Customers are beginning to take responsibility for their own health and I am enthusiastically helping them to do so. Traditional Christmas sales may no longer be a mainstay of my business but the alternative of responsible self-medication through the year provides a much more stable foundation for future prosperity. However, my future relationship with the NHS is much more unpredictable.

Undoubtedly 2004 will bring great change to both community and hospital pharmacy. A challenge for some, a source of uncertainty for others but of one thing I am convinced. Change has now an inexorable momentum that will revolutionise pharmacy by this time next year.

But wherever you practice and whatever the outcome, I wish you a very happy Christmas and an assuredly momentous New Year.



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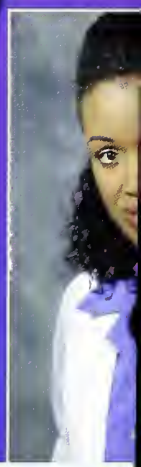

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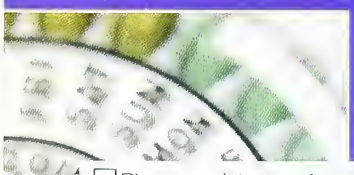

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As you relax with a brandy over Christmas, you might like to contemplate the reward system working in your brain. *Mark Greener* examines theories on the biological basis of addiction

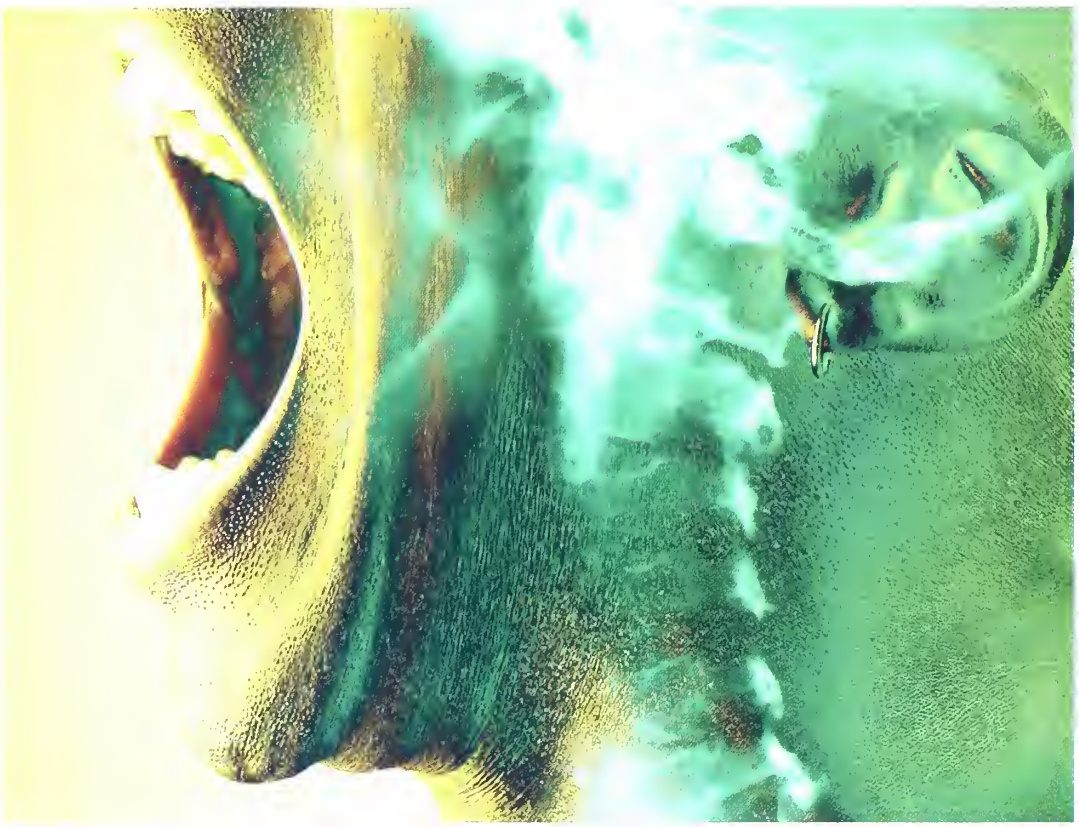
How addiction occurs

We're in the midst of a war against drugs – both legal and illegal – and, in many ways, pharmacists are in the front line. They sell smoking cessation aids and may supervise methadone administration. Recent changes to the Misuse of Drugs Act 1971 mean it is no longer an offence to supply swabs, filters, sterile water, mixing utensils (such as spoons, bowls, cups and dishes) and citric acid to people using controlled drugs without a prescription. And pharmacists can encourage people addicted to drugs to seek help.

Certainly, the scale of street drug abuse is staggering. *The 2000 British Crime Survey* found that a third of people aged between 16 and 59 admitted using illegal drugs at least once. Street drugs, usually cannabis, had been used by more than 11 per cent in the past year. Around five per cent of 16 to 24-year-olds had used cocaine during the previous year, a similar proportion of this age group used ecstasy, and around 1 per cent took heroin.

Sobering as these figures are, legal addictive drugs impose a greater clinical burden. Around 120,000 UK smokers die from diseases related to their habit annually – the habit kills about half of regular cigarette smokers from cancers, heart disease, bronchitis and emphysema.

Against this background, improving treatment in the community and specialised centres depends on a deeper, more comprehensive understanding of the genetic, environmental and neurochemical factors that contribute to addiction. Recent insights into addiction's biological basis are beginning to lead to new treatments.



Some people use drugs on an occasional basis but some are driven by environment, genetic predisposition and other factors towards the uncontrollable and compulsive seeking out and use of a drug

What is addiction?

Drug use ranges from occasional imbibing to chaotic addiction: the uncontrollable, compulsive seeking out and use of a drug. This compulsion persists even after illness and social problems emerge. Initially, however, drugs can produce feelings of wellbeing and euphoria. Sometimes people use drugs to alleviate stress or anxiety. But some people – because of environmental factors, genetic predisposition (*see below*) and so on – seem driven to re-experience the drug's effect and many become dependent.[1]

With time, some dependent people find that the compulsion becomes stronger, leading to addiction. Addicts experience an intense, often irresistible, desire to re-experience the drug's effects, known as 'craving'. Often their drug-seeking behaviour dominates every other aspect of their life. Furthermore, dependent and addicted people often associate certain internal emotional states (such as stress or anxiety) and external stimuli with drug use. These cues can, because they remind the person of the drug's effect, sustain abuse as well as trigger relapse. Indeed, addicts can relapse after abstinence lasting months or even years.[1]

Apart from psychological addiction, patients may endure a number of unpleasant withdrawal symptoms, which vary depending on the drug's pharmacology. The desire to avoid these symptoms is a powerful factor driving continued use. This combination of physical and psychological factors means that quitting drug use is often difficult. Only between 1.5 and 3.0 per cent of smokers manage to stop each year, for example. Even specialist drug units have only limited success in encouraging long-term cessation (although they obviously save lives and considerable suffering). So there is a pressing need for new treatments for addiction.

Over recent years, a growing understanding of the biological basis of addiction has offered some promising leads.

The neurobiology of addiction

Addiction's neurobiology is complex, convoluted and often poorly understood. However, in general, three brain circuits seem to be especially important in initiating and maintaining drug abuse: the 'stress', 'reward' and 'obsessive-compulsive' pathways. These are distinct, but inter-related. You can think of them as the brass, woodwind and string sections of an orchestra. Each has its own identity and role, but they

Continued on page 18 ▶

need to act in concert to produce a symphony.

These circuits link directly or indirectly to other parts of the brain, such as regions involved in cognition, sensory perception and emotion.

Each pathway releases, and is influenced by, a plethora of neurotransmitters. You can think of these as the instruments in the various sections of the orchestra. The level of neurotransmitter release is analogous to the volume. In the same way that altering the volume of instruments in the orchestra affects the symphony, neurotransmitter levels influence the addict's behaviour.

These pathways exert differential roles as the person moves from controlled use to addiction.

At first, controlled use of the drug activates "reward" pathways in a region of the brain called the mesolimbic system. Reward pathways influence motivation and some types of learning. During learning the brain undergoes so-called "plastic" changes – the way the neurones connect alters – allowing us to adapt to and learn from environmental changes.

Addictive drugs also seem to induce plastic changes. That may be one reason why drug abuse tends to persist: it becomes hard-wired into the brain. Future treatments for alcohol and other addictions might influence these plastic changes.[2]

As dependence begins to emerge, the reward system becomes more active. However, continued use also activates the stress pathways,[3] including the hypothalamic-pituitary-adrenal (HPA) axis. The stress pathway seems to contribute to negative emotions, such as depression and anxiety, which tend to emerge among persistent drug abusers.

Some users also employ drugs to cope with life stress or alleviate anxiety and depression. For instance, anxiety is intimately linked to alcohol abuse. Many alcoholics drink to alleviate the anxiety associated with withdrawal. In other cases a genetically inherited predisposition to anxiety may contribute to uncontrolled drinking.[3]

Indeed, alcohol use and anxiety seem linked at a fundamental level. The amygdala is central in the stress pathway and plays a role in anxiety, fear and emotion. Decreased levels of the transmitter neuropeptide Y in the amygdala seem to contribute to both conditions.[3]

As full-blown addiction emerges, drug abuse strongly activates the stress and obsessive-compulsive pathways. The reward system becomes less important.[1]

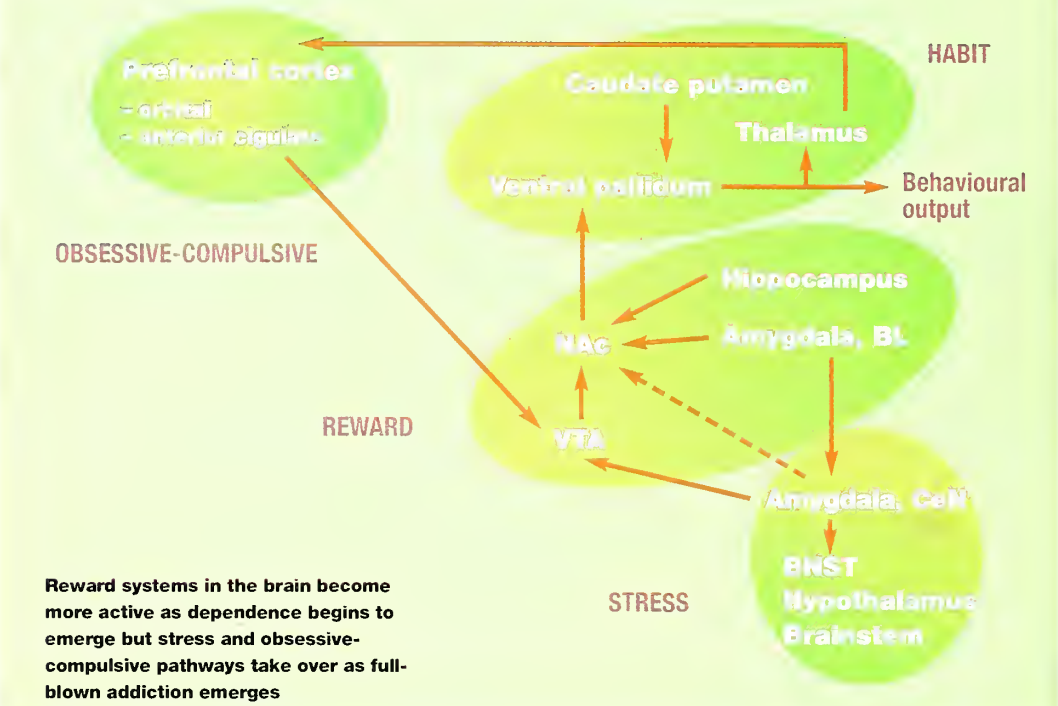
A growing body of evidence suggests that addiction and craving overlap neuroanatomically with obsessive-compulsive symptoms. For example, patients with obsessive-compulsive disorder (OCD) and abstinent heroin addicts show alterations in memory (specifically working memory) and attention. In both groups, the deficit seems to arise from dysfunctions in the right frontal cortex.[4]

So, as you might expect, OCD is common among addicts. One study found that 11.4 per cent of people with opioid dependence met the diagnostic criteria for OCD, making it more than four times more common than in the general population.[5]

The stress, reward and obsessive-compulsive pathways are fundamental to our survival in a dynamic and hostile world. And we're surrounded by potentially addictive substances.

So why isn't everyone an addict? It seems that variations in the sensitivity of these brain systems leave certain people prone to addiction. And that's where genetic studies offer some important insights.

Diagram showing the brain circuits which play differential roles in different phases of the addiction process



Reward systems in the brain become more active as dependence begins to emerge but stress and obsessive-compulsive pathways take over as full-blown addiction emerges

The genetics of addiction

Over the last few years, addiction's genetics have attracted considerable attention from researchers. For instance, genotype seems to account for between 40 and 60 per cent of the total risk of addiction.[6]

Genotypes associated with neurotic personality traits are linked to an increased risk of alcohol abuse among women. In men, traits linked to impulsiveness and a desire to seek out new experiences are associated with alcoholism.[7]

But numerous genes interact to determine the risk of developing addiction. Some genotypes seem to influence the person's pharmacodynamic response. For example, certain people show a genetically determined impaired response to alcohol's sedative effects: they can continue drinking when others start to fall asleep. This genotype seems to increase the risk of developing alcoholism some four-fold.

Moreover, some genotypes may increase the likelihood of plastic changes in the brain that sustain alcohol abuse. Finally, between 80 and 90 per cent of alcoholics smoke cigarettes. The genotypes predisposing to nicotine addiction and alcoholism overlap.[7]

Similarly, studies are beginning to uncover the genetics of tobacco addiction. For example, nicotine is not solely responsible for tobacco's pharmacological effects. A growing body of evidence suggests that chemicals in tobacco also potently inhibit monoamine oxidase (MAO), which metabolises some neurotransmitters believed to contribute to addiction. Against this background, Japanese researchers (Ito) found recently that genetically determined variations (polymorphisms) in MAO influence the predisposition to smoking and help maintain the habit.

As a final example, American researchers identified a single nucleotide polymorphism (SNP) that seems to be associated with use of street drugs. The human genome contains around 3 billion pairs of nucleotides. About 99.9 per cent of these pairs are the same in everyone. SNPs, which occur once every 1,000 bases or so, account for variations between people.

Even a single change in the nucleotide sequence can make a dramatic difference to the protein. You can think of this as analogous to the way a single letter makes the difference between the meaning "encoded" by two words: brothel and brother, for example.

Apart from mediating marijuana's psychoactive effects, the endogenous cannabinoid system influences responses to opioids. For example, disrupting

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FORMULARY FACTS

Methylphenidate

Methylphenidate has been subject to much scrutiny, both within the medical profession and without. This is partly because it is an amphetamine-related CNS stimulant. But it is the fact that this Controlled Drug is predominantly prescribed to children that has resulted in many bodies - including NICE - making recommendations on its use.

Class: Amphetamine-related CNS stimulant
Legal category: Schedule 2 Controlled Drug
Licensed indications: ADHD - attention deficit hyperactivity disorder
Age group: Children aged six years and above
Dosage: Incremental dose titration (variable)

- Should only be considered when remedial measures have been insufficient
- Should only be used as a part of a comprehensive treatment programme
- Treatment programme should include psychological, educational and social measures
- Clinical trials: ten out of 13 randomised clinical trials found significant improvement following 12 weeks treatment with methylphenidate.

- Children six years and above: 5mg orally once or twice daily. Increase at weekly intervals by 5mg to 10mg daily.
- An evening dose may be considered when effect is wearing off with resulting evening hyperactivity.
- Maximum daily dose: 60mg methylphenidate daily in divided doses.
- Children under six years: Not licensed. Not recommended.

At one month: If no improvement during titration at 1 month, then discontinue.
Periodically: methylphenidate should be discontinued periodically (under careful supervision) to assess childis need for continuation.
Adolescence: methylphenidate should usually be discontinued during adolescence (though there are no firm guidelines for withdrawal of treatment).

20 FORMULARY FACTS

Methylphenidate

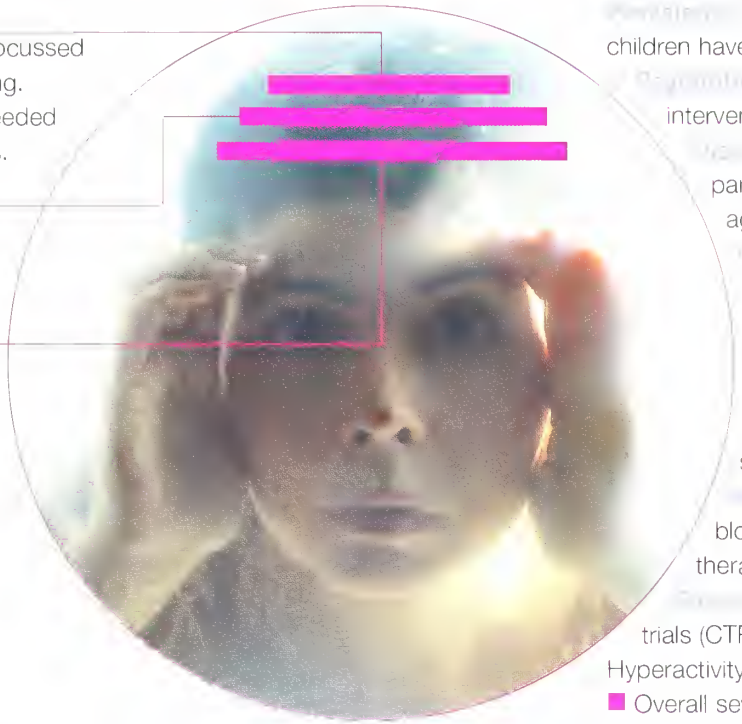
neolab

While the use of methylphenidate in ADHD is well established, the condition and symptoms of ADHD are less well known and this can make for difficulties when counselling parents on the use of this medication.

Hard to keep mind focussed on one thing. Difficulty in focussing. Deliberate conscious attention needed for learning and completing tasks.

Talk incessantly. Can't sit still - continuously in motion.

Unable to curb immediate reactions. Unable to think before acting. Inappropriate blurting comments. Run out into danger without looking.



Combined ADHD
display all three core signs

Predominant inattentive
display inattention most frequently; do not display other two core signs to any significant extent

Predominant hyperactive impulsive
do not display inattention to significant extent

It is estimated 5 per cent of school age children have ADHD (further numbers are undiagnosed)

Psychological and behavioural interventions focussed on child, teachers and parents

Useful in cases where parents have observed particular foods that aggravate hyperactivity

It is not unusual for tricyclic and other antidepressants to be used in ADHD

Slight growth retardation and reduced weight have been reported (monitoring recommended). Nervousness and sleeplessness in 10 per cent of patients.

regular BP monitoring and full blood cell and platelet counts for longer term therapy

Six outcome measures in clinical trials (CTRS-HI: Connors Teacher Rating Scale Hyperactivity Index)

- Overall severity of problems
- Severity of three core symptoms
- Academic performance
- Depression and anxiety
- Conduct and oppositional disorder
- Adverse effects

Methylphenidate alone is £200 per child per annum (mean dose 30mg). Methylphenidate with assessment and follow-up - £1,000 per child per annum.

the cannabinoid CB1 receptor attenuates morphine withdrawal in mice. An enzyme – fatty acid amide hydrolase (FAAH) – breaks down the engogenous transmitters that bind to the cannabinoid receptor. The SNP encodes a mutant form of FAAH that is degraded more rapidly than the normal form. So levels of FAAH are lower, which increases levels of the endogenous transmitters.[6]

Patients homozygous for the SNP were 2.2 times more likely to use illegal drugs and 4.5 times more likely to have a drink and drugs problem than those without the SNP.

However, neither alcohol nor nicotine abuse alone were linked to the mutation.

Furthermore, the SNP was not linked to other disorders associated with drug abuse including depression, suicidal ideation, schizophrenia and bipolar disorder.[6]

These neurochemical insights offer a number of potential targets for a new generation of anti-addiction drugs:

- A neuropeptide called galanin seems to attenuate both the behavioural responses to stress and opiate withdrawal. Galanin agonists decrease the signs of morphine withdrawal in mice.[8]
- Corticotropin releasing factor (CRF) is an important modulator of the HPA axis, part of the stress response. One CRF receptor subtype (CRF-1) seems to mediate increased anxiety. So CRF antagonists may reduce the anxiety that can arise from alcohol withdrawal and help prevent relapse.[2]
- Other approaches to alcohol abuse target glutamate, which reduces the neurotoxicity linked to alcohol, and selective antagonists of nicotinic receptors in the reward pathways. The latter may also benefit smokers trying to quit.[2]
- A chemically modified cocaine analogue bound to a large carrier protein generates specific antibodies that keep the drug in the peripheral circulation. Several clinical trials suggest that the cocaine vaccine, now in phase 2, seems to be effective.[9] The same approach may also be valuable in other addictions, including nicotine.

Despite the advances in our understanding of addiction, none of these approaches offers a magic bullet. They will need to be used alongside other drugs to stave off physical or psychological withdrawal.

A comprehensive approach should incorporate cognitive behavioural and other therapies to address the psychological and emotional aspects of addiction. Moreover, numerous issues about the neurochemistry of addiction remain unresolved.

So, these advances may not be the end of the war. They are not, probably, even the beginning of the end. But they might just be the end of the opening skirmishes in the battle against the scourge of addiction.

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Mark Greener, a former research pharmacologist, now works as a freelance medical writer and journalist. He is the author of numerous articles and several books on health-related issues.

Medicalmatters

Language barriers hindering some epilepsy patients...

Language barriers and stigma surrounding epilepsy within South Asian communities in the UK are impacting on patient care, an epilepsy charity has said.

A shortage of impartial, bilingual liaison workers and a lack of culturally appropriate information are major areas of concern for epilepsy patients within South Asian communities, claims a study funded by Epilepsy Action.

Dr Nigel Hakin, a consultant neurologist for Bradford Epilepsy Service, said: "The fact that so many Asian patients are unable to communicate with their doctors could mean that their diagnosis is being missed. We need impartial interpreters but unfortunately the resource just isn't there."

In light of the study's findings, Epilepsy Action and the National Society for Epilepsy have published an information pack in Urdu to help health professionals overcome language difficulties. Packs in Punjabi and Bengali are planned for 2004.

The study found that over half of the respondents had tried alternative therapies, including religious healing and herbal medicines, in an attempt to control their seizures. All who had tried these had found no benefit and remained on their prescribed medication, the study found.

Monica Cooper, Epilepsy Action's epilepsy services manager, said: "Community education and culturally specific information materials are vital to help de-stigmatise epilepsy and remove many of the myths that still exist within South Asian populations."

For more information:

www.epilepsy.org.uk

Tel: 0800 800 5050.

... while the Atkins diet may inhibit fit incidence

The controlled-carbohydrate Atkins diet may help prevent seizures in children with epilepsy, say researchers in the USA.

Six patients at a Baltimore paediatric hospital were put onto a version of the Atkins diet that allowed 10g of carbohydrate a day. Fits were inhibited in half the patients, due to the resulting ketosis, say the researchers. The three patients remained seizure-free for 20 months and were able to reduce their anticonvulsant medications while gradually increasing carbohydrate intake.

The findings were presented at the American Epilepsy Society meeting in Boston last week. The results mimic the success of the ketogenic diet, which is used by some children to reduce or eliminate difficult to control seizures. The ketogenic diet follows the same low-carbohydrate and high-fat rules as Atkins, but is much more restrictive. After two years on the ketogenic diet, patients often resume normal eating habits yet remain seizure-free.

The Atkins diet restricts the intake of carbohydrates such as bread

Lead author of the study, Eric Kossoff, said: "We don't know if the Atkins diet is as effective as the ketogenic diet at reducing seizures, but our report raises questions about the required level of calorie and protein restrictions."

The researchers are currently enrolling patients for a second, larger trial.

Epilepsy drug improves spasticity in MS patients

A common anti-epileptic drug improves mobility in multiple sclerosis patients, researchers in the USA have found.

Levetiracetam reduced phasic spasticity, but not tonic spasticity, in 100 per cent of patients in a small clinical study, claim the authors in *Archives of Neurology*.

The main advantage of this treatment is that it was well tolerated and generally only produced mild side effects, said the researchers. It also provided pain relief and, as it works on nerve pain too, it improved the patients' moods. Dr Kathleen Hawker, lead author of the study, said: "We're trying to look at medicines that can be used for multiple symptoms so we don't get into a lot of drug interactions. If we can get the same results with a better-tolerated drug, that's great for our patients."

An improvement in balance was seen in patients taking levetiracetam

Patients received levetiracetam for between one and four months, with doses starting at 250mg per day increasing to 3,000mg per day.

The trial was partially funded by the manufacturer of leveltiracetam, UCB Pharma.

For more information:

Arch Neurol 2003; 60: 1772-4.

Supplements ineffective for treating eczema

Linolenic acid is not effective for treating eczema, researchers in the UK have found.

High doses of the fatty acid did not produce a significant improvement in adults or children, said the researchers. The minimal difference between the study groups favoured the placebo, the authors explained in the *BMJ*.

Earlier studies on linolenic acid have been inconclusive and conflicting, claim the authors. This trial, with the highest dose of linolenic acid investigated to date, suggests that dietary supplements such as evening primrose oil and starflower oil are not beneficial for treating atopic dermatitis.

Found in evening primrose oil and borage oil (sold as 'starflower oil'), linolenic acid has been taken as an alternative to steroid treatment for dermatitis for 20 years, claims the *BMJ*.

Margaret Cox, National Eczema Society chief executive, said: "The Society welcomes all evidence based research into the effectiveness of treatments for eczema. We are aware that some while ago clinical trials demonstrated that evening primrose oil does not seem to improve eczema and the same now seems to be true for borage oil.

"Eczema is a complicated condition and individuals respond differently to different treatments. We are aware that a number of eczema patients do believe that evening primrose oil has a beneficial effect. We always recommend patients seek advice from their GP or dermatologist and use plenty of emollients to keep their skin well moisturised."

For more information:

BMJ 2003; 327: 1285-7.

SSRIs banned for children

All but one of the most modern antidepressants have been banned from use in children and adolescents by the Medicine and Healthcare products Regulatory Agency.

The MHRA has banned all selective serotonin uptake inhibitors (SSRIs) except Prozac (fluoxetine) for use in children under 18 on the advice of an expert working group of the Committee on Safety of Medicines.

This move comes after the MHRA issued warnings that Seroxat (paroxetine) and Efexor (venlafaxine) were not licensed for use in children.

Professor Gordon Duff, the CSM's chairman, said: "Young people with depressive illness currently taking any SSRI other than fluoxetine should not stop taking their medicine but should consult their doctor for advice on treatment."

The SSRIs that the CSM have recommended are unsuitable for children are Lustral (sertraline), Cipramil (citalopram), Cipralex (escitalopram), Faverin (fluvoxamine), Seroxat (paroxetine) and Efexor (venlafaxine).

Mental health charity Mind has called for a review of the current regulatory system. Mind chief executive Richard Brook said: "Long-term, effective and strong regulation has not been evident or provided the type of information consumers have the right to expect." The working group is now investigating SSRIs in adults, which it expects to complete in spring 2004.

Professor Ian Weller, chairman of the SSRI working group, said: "There is no evidence to suggest that the risks of treatment outweigh the benefits in adults. Patients who are experiencing any side effects or are concerned about their treatment should discuss these with their doctor."

For more information:

www.mhra.gov.uk

Scriptlines

Sevredol solutions come to an end

Napp Pharmaceuticals has announced it is discontinuing its Sevredol (morphine sulphate) oral solutions range. Sevredol tablets are unaffected.

The products affected are: Sevredol oral solution 10mg/5ml in 100ml, 300ml and 500ml sizes. Sevredol concentrated oral solution 100mg/5ml in 30ml and 120ml sizes.

These products will be sold until supplies are exhausted, which the company expects will be throughout 2004.

For more information:

Napp Pharmaceuticals
Tel: 01223 424444.

Feospan and Fefol

Intrapharm's Feospan spansule capsules (ferrous sulphate) and Fefol spansule capsules (ferrous sulphate and folic acid) are now available through Farillon. Back orders from wholesalers are being sent out to all branches, according to the company.

For more information:

Intrapharm Laboratories
Tel: 01622 749222.

Piroxicam DT error

PSNC has advised that the Part VIII Category A entry in the December *Drug Tariff* for Piroxicam Gel BP (0.5 per cent w/w 60g and 120g) incorrectly states an equivalent (Feldene) next to the entry. As a Category A product, any reimbursement will be based on the *Drug Tariff*'s stated generic price.

The Department of Health is aware of the error and it will be rectified for the January edition.

For more information:

www.psnc.org.uk

Nasivin cuts through nasal congestion

Pharmacists now have an alternative to offer customers suffering from 'rebound' caused by existing OTC nasal decongestants, claims Merck.

Nasivin, an established brand in Merck's home country, Germany, contains 0.05 per cent oxymetazoline hydrochloride, but no benzalkonium chloride – the preservative that is likely to cause a 'rebound' effect due to nasal sensitisation. Instead the product uses a specially designed, patent-protected nasal spray that prevents bacteria entering the product.

As Nasivin is preservative-free, it can be used continuously for 14 days by adults and children over six years old, says Merck.

Merck says that one spray per nostril should provide congestion relief for eight to 12 hours.

Merck is supporting the launch with a dedicated pharmacy sales team. The product has GSL status but will only be distributed through pharmacies for the foreseeable future, says the company.

Price: £3.45
Pack size: 10ml
Pip code: 300-5675
Merck Consumer Health
Tel: 01482 375234.

Small talk from Imodium

Imodium Plus caplets are being introduced in a GSL six-pack size.

The caplets contain a combination of loperamide and simethicone to help stop diarrhoea and relieve the associated symptoms of cramps, wind and bloating experienced by 84 per cent of sufferers.

Recent research by Johnson & Johnson.MSD shows that consumers are moving towards the self-treatment of diarrhoea. Anti-diarrhoeal produ are primarily seen as an embarrassing or distress purchase and people are often uneasy about discussing this issue, even with their pharmacist.

Price: £3.75
Pack size: six caplets
Pip code: 300-8679
Johnson & Johnson.MSD Consumer Pharmaceuticals
Tel: 01494 450778.

Gengigel gets fresh look

Oraldent is introducing a new look for Gengigel gum disease treatment to give the range a more clinical image.

Gengigel contains hyaluronan – a natural substance found in the body's own connective tissue that increases the rate of healing of inflamed and damaged tissue in the mouth caused by gum disease.

The product is available in a gel or mouth rinse.

The repackaged range will be supported by promotional activity.

Price: 20ml gel £6.49, 150ml mouth rinse £7.99
Pip code: gel 289-4343, mouth rinse 289-4350
Oraldent Ltd
Tel: 01480 862080.

Christmas closures

Alliance Pharmaceuticals will close its medical information department at 4pm on December 24 and reopen at 9am on January 5. The sales office will be closed over the same period. An emergency out-of-hours medical information and sales office service is available on 07666 546289.

Novartis Pharmaceuticals UK will close its main switchboard from 2pm on December 24 until the morning of January 2. Medical information will be available until 4pm on December 24 and from 10am until 4pm on December 29, 30 and 31 on 01276 698370.

The orders office will be available until noon on December 24 and from 10am until 3pm on December 29, 30 and 31 on 0845 741 9442. An emergency service will be available outside these hours.

Frontshop

Women can freshen up with Summer's Eve

An American range of feminine hygiene products is being launched in the UK by De Witt.

Summer's Eve is formulated to gently cleanse and refresh the feminine area to give a 'shower-fresh' feeling.

Products include wipes, deodorant spray, wash, powder and lubricating jelly.

The range is the top selling feminine hygiene brand in the USA (*Nielsen USA Oct '03*).

De Witt says it aims to 'normalise' usage of the feminine hygiene category in the UK by positioning the range as a daily feminine care brand that reflects a modern, contemporary lifestyle.

The launch will be supported by a £500,000 advertising campaign in women's magazines and on posters from next spring.

Feminine cleansing products are driving growth in the £18 million feminine hygiene market which is growing by more than 13 per cent, with sales dominated by the pharmacy sector (*Information Resources Nov '03*).

Price: wipes £2.49, deodorant spray £2.49, wash £3.19, powder £2.99, lubricating jelly £2.99

Pip code: wipes 298-4623, deodorant spray 298-4631, wash 047-7182, powder 008-4814, lubricating jelly 298-4664

E C De Witt & Co Ltd
Tel: 01928 579029.

Brunettes can now step out of the dark

L'Oreal will launch three light brown hair colourants especially for dark hair in the Feria range in January.

Feria Color Booster Flash Brown is a one-step colorant created to lighten dark hair by up to four tones.

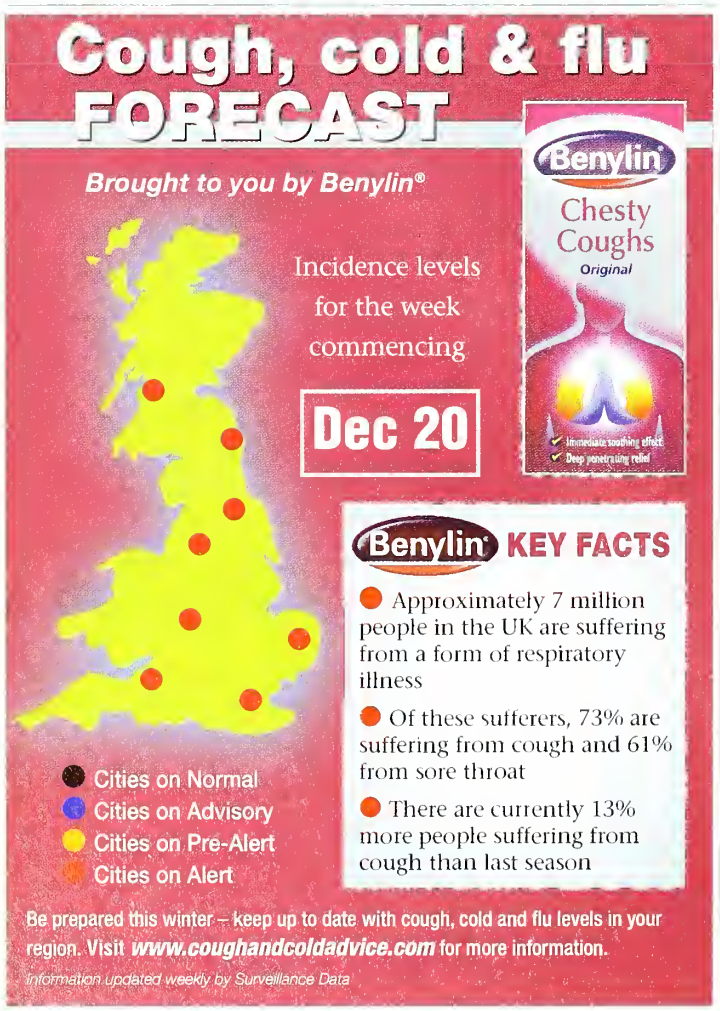
The colorants are formulated to give women with deep dark hair the option to lighten it without the need to pre-lighten.

The pack contains a lightening gel, developer, Color Booster concentrate and Nutri-Protective Conditioner.

The three shades are Chestnut Flash Brown, Red Flash Brown and Golden Flash Brown.

Price: £7.49

L'Oreal Group UK
Tel: 020 8762 4000.



Festive fare from Rennie

Rennie Soft Chews are sponsoring ITV's festive programmes until the new year.

The £2 million deal is designed to strengthen the link between Rennie Soft Chews and Christmas over-indulgence.

The sponsorship spots feature a succession of people revealing their favourite foods: Emma offers her first mince pies, while Auntie Chloe serves up tantalising free-range goose.

Rennie Soft Chews are shown alongside the endline 'Christmas never tasted to good.'

For more information:

Roche Consumer Health
Tel: 01707 366000.

Surrey pharmacy is tops

Shashi Patel of Thompson's Chemist in Thornton Heath, Surrey, is the winner of the Tixylix and *Mother & Baby* magazine Child-Friendly Pharmacy of the Year award 2003.

Now in its fifth year, the award recognises the vital role that pharmacists play in their local community and the service and support they offer parents with young children and babies.

For more information:

Novartis Consumer Health
Tel: 01403 210211.

Aquafresh goes to extremes

Aquafresh Extreme Clean will be back on national TV for four weeks from December 29.

The £600,000 campaign will feature two cut-down versions of a commercial, which made its debut last November.

The camera zooms in on the Aquafresh Extreme Clean pack to reveal a woman cleaning her teeth in the shower to show that the product feels like a shower for your mouth.

Computer graphics then demonstrate how the product 's micro-active foam gets in between the teeth to give an invigorating clean.

For more information:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637.

Pepcidtwo in festive TV

Johnson & Johnson.MSD is targeting sufferers of heartburn and indigestion with a national TV campaign for Pepcidtwo during the peak Christmas indulgence period.

The new commercial features Mark, the Maitre d' of a modern busy restaurant.

At the first sign of heartburn he takes one Pepcidtwo tablet and is provided with immediate relief, which allows him to carry on throughout his busy day.

For more information:
Johnson & Johnson.MSD
Tel: 01494 450778.

Fruity delights for the lips

Elizabeth Arden is introducing two fruity lipstick shades in January.

Eight Hour Cream Lip Protectant Stick Sheer Tints SPF15 will be available in Melon (a dewy apricot shade) and Berry (a vibrant redcurrant shade).

The lipsticks contain anti-oxidants to help protect against the environment and UVA/UVB sunscreens to guard against damage caused by sun exposure.

The Sheer Tints range already includes four other shades – Honey, Chestnut, Plum and Blush.

Price: £13.00
Elizabeth Arden Ltd
Tel: 020 7574 2700.

TVnextweek

Bassett's Soft & Chewy Vitamins: GMTV, Sat

Benylin: All areas except U

Covonia: B, G, Y, TT, C5, GMTV, Sat

Gavilast: C4, C5, GMTV, Sat

Gaviscon Advance: U, C, HTV, W, LWT, CAR, TT, C4, C5, Sat

Haliborange A, C & D: GMTV

Imodium Instants: All areas

Just for Men: All areas

Lemsip Cold & Flu Direct Lemon & Blackcurrant: All areas except GTV, B, A, CTV, W, M, TT

Lemsip Max Sinus capsules: All areas except GTV, B, A, CTV, W, M, TT

Meltus: All areas

Nicotinell: All areas

NiQuitin CQ Patch: U

Nivea Body Night Renewal Crème: All areas

Nivea Visage Age Reversal cream: All areas

Olbas for children: C5, GMTV

Olbas range: C5, GMTV, Sat

Pepcidtwo: All areas

Seabond: All areas

Settlers: C5, GMTV

Solpadeine: U

Sudafed Non-Drowsy: All areas except U, GMTV

PharmaSite for next week: Day & Night Nurse – window, **Fluconazole Care Range –** in-store, **Zovirax –** dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

The best

Information Resources reviews this year's top pharmacy sales products and looks ahead to 2004

The abolition of resale price maintenance (RPM) has left an after-effect on OTC markets, changing the dynamics of many categories which now face heavy price pressure.

One of the key tactics to keep value in such categories has been the introduction of new products. Generally launched at a premium price, they counter cost-cutting of existing products and have an in-built defence against subsequent price-cutting once they become

Smoking Cessation

STAR Product

Nicorette Gum is again the clear number one brand, although it has seen year-on-year declines. The patch sector has been growing well and has helped to boost total market sales. Within patches, NiQuitin CQ clear patch takes the number one spot and continues to increase sales, this year growing by more than £2 million. NiQuitin as a whole may also have been helped by the launch of the new mint lozenge and the brand's rather timely sponsorship of the Williams F1 team.

TOTAL +2.4%	52 w/e 2 Nov 02	52 w/e 1 Nov 03	% change
Nicorette Gum	£16,154,119	£14,287,437	-11.6
Niquitin CQ Clear Patch	£7,305,088	£9,654,081	32.2
Niquitin CQ Lozenge	£6,567,174	£5,822,411	-11.3
Nicorette Patch	£4,134,640	£5,265,727	27.4
Nicotinell Patch	£5,421,813	£4,678,948	-13.7
Niquitin CQ Classic Patch	£3,494,879	£2,632,457	-24.7

Adult oral analgesics

STAR Product

Downward pressures on price have continued to impact on this market since the abolition of RPM. However, value has begun to come back into the market.

This year Syndol has overtaken Panadol to become the fourth largest brand. Supported by advertising activity worth around £2.5m since April, Syndol has increased sales by 17 per cent.

Nurofen has performed strongly through new Migraine and Recovery variants, while the core Nurofen product also continues to sell well. 2003 has seen a move towards new convenience packaging of pocket-size packs, with Nurofen, Anadin, Panadol and Hedex all launching convenience packs.

TOTAL [illegible]1%	52 w/e 2 Nov 02	52 w/e 1 Nov 03	% change
Nurofen	£35,968,516	£37,865,896	[illegible]
Solpadeine inc Solpaflex	£26,435,172	£26,127,882	-1.2
Anadin	£10,911,220	£10,243,508	-6.1
Syndol	[illegible]	[illegible]	[illegible]
Panadol	£7,603,733	£6,886,115	-9.5

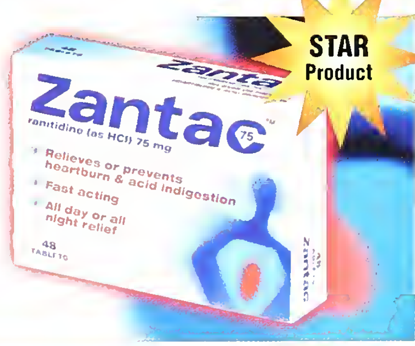
Indigestion remedies

Declines are still being felt in pharmacies as the sales shift towards grocers continues. This shift is slowing, however. Gaviscon still holds the number one spot and, while sales are down, its share has actually increased year on year. Gaviscon liquid relief has performed well for the brand this year and the recent launch of Gavilast may help boost sales further in 2004.

Rennie Soft Chews, which provides consumers with a new format offering, has performed well since its launch in October 2002.

Zantac 75 is enjoying strong growth (+10 per cent) boosted by continued media investment which has helped increase understanding of the dual benefits of the product, providing prevention in addition to relief.

STAR Product



TOTAL [illegible]	52 w/e 2 Nov 02	52 w/e 1 Nov 03	% change
Gaviscon	[illegible]	[illegible]	[illegible]
Rennie	[illegible]	[illegible]	[illegible]
Zantac 75	[illegible]	[illegible]	[illegible]
Pepcid	[illegible]	[illegible]	[illegible]
Bisodol	[illegible]	[illegible]	[illegible]

Cold and 'flu decongestants

STAR Product

The cold and 'flu decongestants market has seen sales decline year on year. However, sales so far this 'flu season are looking positive. Lemsip remains the top brand and continues to sell well, although Sudafed has seen very strong growth in the last year of more than £1.3 million.

Beechams All in One, the star performer for this category, has performed very well in the latest year with a sales increase of over £1.4 million.

Novartis has extended the Tixy brand portfolio from cough liquids into cold and 'flu decongestants with the launch of Tixyplus which is performing well so far this season.

TOTAL -1.7%	52 w/e 2 Nov 02	52 w/e 1 Nov 03	% change
Lemsip	£16,393,541	£17,032,236	3.9
Sudafed	£12,217,154	£13,552,386	10.9
Beechams	£11,455,806	£11,712,078	2.2
Nurses	£10,991,665	£11,354,943	3.3
Vicks	£8,509,265	£7,688,605	-9.6

All figures based on chemists including Boots and Superdrug except vitamins and minerals which excludes Boots and Superdrug.

iri information resources

# of 2003

successful. In particular, new launches in OTC markets focused on a demand for lifestyle products targeting specific ailments.

Spending time learning all the uses of vitamins A to Z does not fit in with increasingly hectic lifestyles, so many manufacturers are coming to the public's aid and consumers are welcoming them with open wallets. Manufacturers are using the brand name itself to convey the result of using the product or what it treats.

By providing information on ailments or results in the brand title, the products are offering consumers a simple promise of performance which may be more powerful than a complicated subscript or back-of-pack explanation. Generally, these targeted products are proving successful and it is easy to see why – they simplify a confusing market for the consumer.

● *'Star products' have displayed strong growth compared with competing products rather than being the market leader.*

Medicated confectionery

STAR Product

The medicated confectionery market has continued to decline in 2003. Strepsils dominates the market and Strepsils Extra has increased sales to become the number two brand. Beechams Max Strength was launched in September and initial sales are good. The strongest sore throat lozenges available on the market, this product may help attract consumers who have traditionally viewed the category as more confectionery than medicine.

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Vitamins and minerals

STAR Product

The vitamins and minerals category continues to decline. It has faced price-cutting following the abolishment of RPM and has a number of public efficacy and safety queries this year which are likely to have had a significant effect on sales.

Sanatogen is one brand to buck the trend of the market decline. While seeing a decline overall this has been driven by discontinued lines. Sanatogen Gold A-Z and Sanatogen Pronatal in particular are performing strongly.

Pronatal's performance may have been boosted by an increased demand in the market for lifestyle products targeted at particular ailments and solutions.

Seven Seas, the market leader by over £10 million, has reacted to this demand by launching Sportflex towards the end of 2002, and so far performing strongly, and recently rebranding its glucosamine products as Joint Care. Lifestyle products tend to be premium priced and this may help to add value to the market in 2004.

TOTAL -9.5%	52 w/e 2 Nov 02	52 w/e 1 Nov 03	% change
Seven Seas	£15,639,022	£13,692,471	-12.4
Sanatogen	£3,302,806	£2,131,430	-35.5
Health Perception	£1,089,991	£1,308,609	20.1
Centrum	£1,067,818	£1,209,184	13.2
Bassetts Soft & Chewy	£688,148	£723,822	5.2

STAR Product

Cough liquids

Cough liquids continue to experience decline year on year, with Covonia being the only brand in the top five to show growth.

The demand for convenience seen in other markets through lifestyle products and packaging innovations has been met in cough liquids by Robitussin. Recently launched, Robitussin pastilles are Robitussin cough liquid in a pastille format, the first product of its kind on the market. Innovations such as these bring interest and new consumers into the market, and a tendency towards more premium prices should help to bring value to the market.

TOTAL -6.1%	52 w/e 2 Nov 02	52 w/e 1 Nov 03	% change
Benylin	£19,131,600	£18,824,524	-1.6
Covonia	£6,937,874	£7,137,035	2.9
Tixylix	£4,906,357	£4,853,918	-1.1
Meltus	£5,276,756	£4,828,434	-8.5
Robitussin	£3,071,440	£2,843,112	-7.4

STAR Product

Hayfever remedies

The market has seen strong growth this year, helped by the good weather last summer, with all sectors (oral, nasal sprays and eye drops) in growth this year. The major multiples continue to increase their sales, helped by the continuation of P to GSL switching, however pharmacies remain the dominant sector with more than 80 per cent of sales.

Flixonase has performed strongly following a successful switch from prescription only to a P product. Supported by media activity, sales of this product have increased by £1.7 million this year.

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Being John Makepeace

National Co-operative Chemists general manager John Makepeace is charged with taking the organisation forward. He explains his plans and why he is the right man for the job to Gary Paragpuri

Like many of the best things in life, National Co-operative Chemists has a long and distinguished pedigree. Established in 1945, the group has grown to become the largest pharmacy co-operative organisation in the world and the fourth largest pharmacy chain in the UK.

Last year sales topped £215 million from 300 NCC pharmacies but the group believes it can do better. So earlier this year it split the roles of general manager and superintendent pharmacist, signalling a clear intent that it is prepared to take on the likes of Lloyds and Boots for the mantle of the UK's biggest pharmacy chain.

Following the retirement of chief executive Roy Carrington in April, pharmacist John Makepeace was appointed general manager and has wasted little time in mapping out the organisation's future.

He believes splitting the general manager and superintendent role is an advantage. "It allows the general manager to really get on with the business issues and the day-to-day needs of the business and it allows a degree of impartiality for the pharmacy superintendent to drive his statutory agenda," he says.

Nevertheless, the NCC is no small fry, so what makes Mr Makepeace the right man for the job? Look through his CV and it's clear why the NCC chose him. He brings with him a wealth of experience, ranging from running his own multi-million dollar business to leading a national pharmacy operation and developing new store concepts.

His climb to the top began in 1986 when a recruitment drive by Shoppers Drugmart enticed Mr Makepeace to move to Canada with his family. Based in East Ontario, he ran a franchised pharmacy business for eight years. It proved a successful venture and, with turnover hitting $5m, Mr Makepeace describes it as a "profitable existence".

Then Wal-Mart rolled into town. With his curiosity aroused, Mr Makepeace read up on Wal-Mart founder Sam Walton and says he "got quite fascinated by the whole concept" and thought he "could probably learn something from this company".

The good news was that they had a position, but the bad news was that it was as Wal-Mart's pharmacy district manager in Saskatchewan. The trouble was that he had to build eight pharmacies in six months. Starting from scratch, this meant "getting them built, getting the staff hired and getting the whole division set up".

"The main objective is to make us a different sort of pharmacy in the UK"

But he made it a success and a year later he was asked to take on responsibility for running the company's national pharmacy operation before being promoted to division director.

Despite 14 successful years in Canada, a hankering for his beloved Sheffield United football team and the yearning to come back home to England with his growing family proved too much. But, as Wal-Mart had no UK interests at that time, he decided to look further afield. "I realised that I would have to cast my net more widely. I also had a hankering to try my hand outside of pharmacy completely, and go into general retail."

Kingfisher's Woolworths division became his next learning post. As head of retail operations, he was involved in developing the Big W stores concept. This was a general merchandise non-food Wal-Mart type operation, situated in out-of-town locations across the country.

"It was a bit different to a traditional operations role because, apart from running operations, we were really developing processes and also actually developing the concept," he explains.

All this is an impressive portfolio of experience for a former assistant store manager at Boots in Great Yarmouth. Asked about the key things that he has learnt in his time with Wal-Mart and Woolworths, he describes the way that Wal-Mart communicates with its staff as "absolutely phenomenal".

"Whether you talk to the chief executive or the vice-president or the person on the front cash register, they all understand basically what the game plan is."

John Makepeace is using valuable experience gained at Woolworths and Wal-Mart, among others, to create a strategy to drive NCC forward

While describing his time at Woolworths as "very fortunate", he says: "I probably learned more about retailing in those three years than I'm ever likely to learn in the future", and adds that he was "taught to understand the retail store from the customer's perspective".

Following his appointment at NCC, he says he was pleasantly surprised about the business he inherited. "It's a sound and financially stable platform on which we can build for the future."

During his short tenure he has identified three goals for the organisation and already begun to take action.

"One of the things that I've been heavily involved in during the past few months is developing our long-term strategy of expansion through acquisition.

"We're also looking at creating a strategy for branding and marketing to drive the like-for-like business. Thirdly, and probably most importantly, is a people strategy so that we can underpin the growth of the organisation with the development of our people," he says.

"The combination of people skills and the loyalty of the staff is actually incredible – not just at the pharmacist level but at the counter staff and technician level – and is probably the number one asset of the organisation."

The obvious question regarding NCC's acquisition strategy, however, is whether the various co-operative pharmacies are going to merge and, in particular, NCC and United Co-op.

"Not at this stage," he says. "The way it works right now is that there are approximately 200 other co-operative pharmacies out there who are not part of NCC, and they're run by several separate societies which make their own determination on how and where they see pharmacy developing in the future."

But when asked if there is anything standing in the way of NCC having as many branches as the UK's largest multiple, Lloydspharmacy, he replies that potentially "there is no reason why not" and, as expansion is a long-term NCC aim, future mergers remain a possibility.

To help build its branding and marketing strategy, which Mr Makepeace is keen to deliver within a one to two-year time frame, NCC is carrying out customer research to see what the public thinks of pharmacy and what its expectations are of what community pharmacy can offer in the future.

"We're going to use that research as a foundation for where we take the marketing. What it will really be about is building up a brand around Co-op pharmacy that means something. Some of the things around that, without pre-judging the research, will likely be around the co-operative values and principles."

However, NCC's more pressing short-term goal is to develop a people platform, says Mr Makepeace.

"The priority has to come with the people, because people underpin the organisation and we've got a very sound and solid base to work from but we need to make sure they're on board and excited with what we're trying to do. That's really the first step," he says.

"We're looking at the package we give pharmacists, and at staffing around the pharmacist and how we can best support them. We're also taking a very close look at what the new contract potentially is going to mean in terms of how pharmacists are going to work.

"Training and development is important, and I think it's going to be clear that pharmacists – certainly in the next two or three years, and particularly around communication skills and how they attract particular customers – are going to be critical," he says.

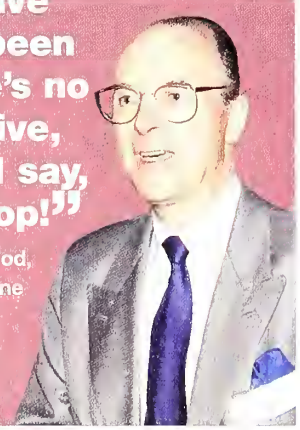
"The main objective is to make us a different sort of pharmacy in the UK. There's a very real desire within the group to have a consumer champion."

NCC has chosen Mr Makepeace to give the business an edge over its competitors and, judging by his past achievements, it would be fair to say it has picked the right man for the job. He also appears to be relishing the challenge and, when asked to sum up his outlook, he replies: "Embrace the change and actually have some fun with it."

Last of the pharmacy whine?

"We have already been told there's no alternative, to which I say, codswallop!"

Nicholas Wood, SGM, 1st June



2003 was a year of discontent and uncertainty for pharmacy as one consultation followed another. But the profession was also able to consolidate its skills, writes Charles Gladwin

Despite the long hot summer, 2003 may not be seen as a vintage year, for pharmacy at least.

For many people there is an unpleasant taste left on the palate. Whether this is due to a quasi civil war rumbling on over the profession's new Charter, or whether it is the way in which Whitehall has stepped up its 'good cop bad cop' routine with its "we think you're good, but we're not sure about a regulated market and there isn't necessarily the cash since the doctors did so well" approach.

The first big theme to dominate the year – which impacted on much of the other areas of consultation – was presented by the OFT. In January it recommended that the control of entry regulations for community pharmacies should be ended. The health departments of Scotland, Wales and Northern Ireland all had their concerns about how such a move would impact on their own plans to utilise pharmacy in healthcare. In the end, they seemed to force Whitehall into a statement saying it would not accept the OFT proposals immediately, but would come forward with a balanced package of measures.

Finally published on July 17, this package has now been constructively criticised by many parties and the Government is considering quite how far it should go in implementing its own response to the OFT.

The OFT report did, however, unite the profession and the public for a sustained and successful campaign to raise awareness at Westminster of the effectiveness of pharmacy. Even at the height of the war in Iraq, the Prime Minister was dealing with the massive petition organised through community pharmacies.

It is unfortunate that the Society has had its own 'domestic' to sort out. Involvement of the profession in the Charter debate has been handled badly. The display of emotion at June's Special General Meeting – a rare event in pharmacy – showed a strength of feeling not often evident from a generally tolerant (some might say indifferent) profession. The SOS Campaign has led the opposition to the Lambeth proposals and members gained a foothold on the Society's Council in May.

The result has been a radically altered draft which takes on board many of the concerns, although not all of the suggestions, for the Council structure. The draft Charter is now with the Privy Council which has to decide whether the proposals are appropriate and would allow the Society to be a 'modern regulator' or whether it will ask the Society to think again. Will the membership get a referendum on the Charter? Probably not. But the final version that has emerged has resulted from a vigorous debate and should be all the more robust for it.

Not all the anger has been directed at the Society. Not unusually, the Government has managed to raise some problems. There has been concern over whether pharmacists will lose their role in oxygen supply and over the apparent inequalities between pharmacists and appliance contractors. The matter of generics reimbursement was put out for consultation in the autumn but again has not been favourably received. Less controversially, the review of the Pharmaceutical Price Regulation Scheme is also gearing up.

So what has been achieved? Pharmacists in England have expressed their support for a new contract framework and the Government has gone on record several times saying that it wants pharmacy to play a bigger part in the nation's health. Just last week the *Building the Best* initiative got the national media talking about the proposed extended role for pharmacy, which further strengthens the significance of the pharmacy programme. This was updated in the summer with the publication of the pharmacy *Vision*.

Dorset renewed its local contract. IMPACT encourages a range of service provision and it was felt would help shape the new national contract. With all the work it has been putting in on the new contract, it's easy to forget that PSNC was being challenged prior to the LPC conference to justify the increase in the levy.

In Scotland, the pharmacists' potential contribution to public health was highlighted in a report from the chief pharmaceutical and medical officers in January.

Scotland also settled its remuneration early at 3.9 per cent, ahead of the local assembly elections. In England, the 3.1 per cent offer in November was tardy and contemptuous. The minister has been asked to think again.

Meanwhile, Wales is making progress with plans to remove the prescription levy but those for central purchasing have not yet floundered.

Northern Ireland published its own pharmacy strategy in April which included the

idea of incentivising employee pharmacists to deliver extended services.

Pharmacists have started prescriber training and three new schools of pharmacy are preparing to open. Repeat dispensing pilots are getting underway, but the sudden termination of the electronic prescribing pilots, with no immediate next step surprised many. The drive to encourage self-care saw the consultation on the POM to P switch for a statin.

Worrying words came from the well-informed Chris Town, Peterborough PCT chief executive, who said that PCTs don't really know that much about community pharmacy. And UniChem chairman Mike Smith has raised concerns over the potential threat of NHS LIFT initiatives, something which could have an even bigger impact on the community pharmacy network than deregulation of pharmacy contracts.

In the business world, Numark launched a share incentive scheme early in the year, but by November the possible merger with Nucare was finally ruled out. CoMedis.com, an online information and transfer order system was launched and is now growing as more manufacturers and suppliers join up.

Pfizer finally took Pharmacia as its bride in the summer with the new company launched under the Pfizer name. Procter & Gamble bought up Wella.

Boots ended its 'store within a store' trial with Sainsbury's due to a lack of agreement over the commercial terms for the roll-out. Lloydspharmacy introduced its in-store radio, Lloydspharmacy Live. Concerns over its intrusiveness (it can't be switched off in-store but can at head office) have been tempered by the apparent success it has had in health promotion, most recently encouraging interest in prostate disease.

There has been a year of pressure on company directors' pay. GlaxoSmithKline was prominent in the pharmaceutical industry when it suggested Jean-Pierre Garnier was to receive a £20 million pay package. Shareholders said *non* to but have now proposed a package worth up to £5.7 million a year. GSK had a worthier media coup in sponsoring the Frank Williams Formula One motor racing team. There were some grumbles from onlookers, though, about whether the NiQuitin CQ logo sewn onto the drivers' sleeves is a form of celebrity endorsement.

On the personnel front there have been some changes. Chris Etherington was succeeded by David Coles as UniChem's managing director. Richard Baker replaced Steve Russell as Boots's chief executive. Mike Ward, retail director of Giehe, renamed Celesio, and managing director of Lloydspharmacy has announced he intends to move on. At the RPSGB, the legal department lost both Helen Darracott and Steve Lutener, and the Scottish Department lost both its secretary and deputy, Sheila Stevens and Findlay Hickey.

The health ministry had a reshuffle as Alan Milburn returned to the back benches to have a bit more family life. This meant that the minister with responsibility for pharmacy, David Lammy, moved on and was replaced with a seemingly more in touch Rosie Winterton. At the December All-Party Pharmacy Group meeting in Westminster, she was still looking to her chief pharmaceutical officer to fill in some detail, suggesting she may not be as on top of the pharmacy brief as the profession may have hoped.

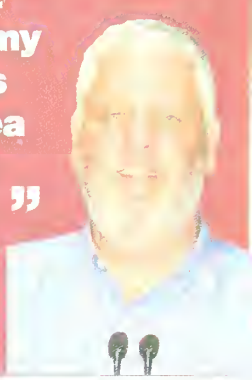
Lord Hunt, who had responsbility for medicines, resigned from the Government over the Iraqi war, but has now been appointed chairman of the National Patient Safety Agency.

So what's to come in 2004? The SOS campaign activities are not over yet, and there may be a surprise as there could be a new Council structure for the RPSGB. The Government will announce its decision on how it wants the regulation of pharmacies to work and a new contract will come into play. A stronger voice for the employee sector will emerge, and pharmacists will be getting to grips with some new clinical roles. This will be combined with planning for continuing professional development as well as the training of pharmacy support staff.

Looking back, 2003 has been a year of turmoil, and there's a potentially bumpy start looming for 2004. Nonetheless, it must be noted that the profession has grown in stature and while the year may have been trying for many, this time next year pharmacists should be able to look back and see that the difficult times were necessary for the new way of working.

"The vast majority of my colleagues have no idea what you currently do"

Chris Town, UniChem Conference, October



Laughter on the cards

In the spirit of Christmas past, David Watkins takes a look at the humour of the Edwardian era and finds it not too dissimilar to that of the 21st century

Christmas is traditionally a time for fun, and looking at this selection of early Edwardian chemist postcards will surely raise a smile on the faces of pharmacists today.

All these brightly coloured cards belong to the 'golden age' of postcards between 1900 and 1918 when the price of posting a letter was a ha'penny and the chances of a pre-Christmas strike were fairly remote.

Postcards like these were especially popular with the public at the time, since few subjects were as topical as the constant quest for relief from illness.

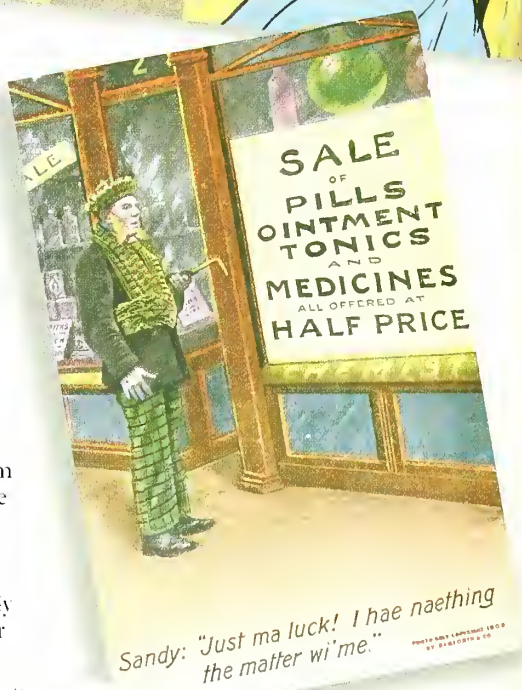
The cards particularly portray fringe medicine in all its guises with its cures, potions and elixirs of all sorts.

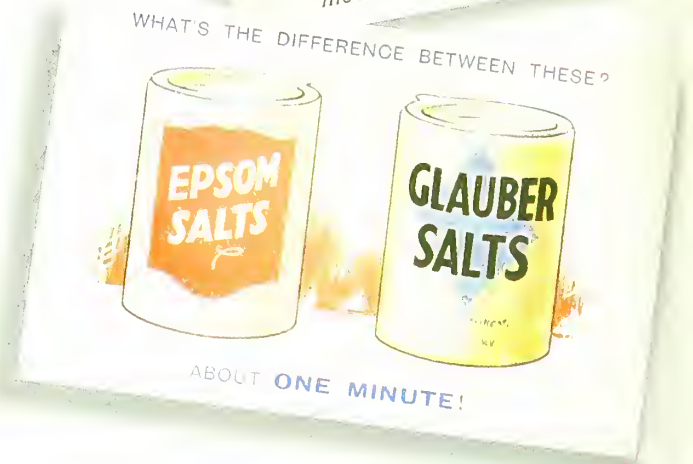
This was a time when doctors cost money – a lot of money – so that self-diagnosis and treatment were rife, often not so far from the remedies we use today. Other cures were based more on myth, magic and blind hope.

Pills in particular are frequently alluded to since they were a major industry at the time, and many were sold for ailments as vague as the pills' ingredients.

Although obviously dated, these cards still retain a unique appeal and they display a humour as sharp and crisply apt today as it ever was.

They are just the thing to bring a hint of nostalgia and a wry smile to anyone connected with pharmacy during the festive season.





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FREE LEGAL ADVICE

Chemist & Druggist's web site – *www.dotpharmacy.co.uk* – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – *pharmlaw@cmpinformation.com* – along with their full name and the name of their pharmacy. The latter two details are for *C&D*'s records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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Nooshin Abderabbani

Tesco has appointed **Nooshin Abderabbani** as pharmacy services manager. Ms Abderabbani joined the company as a pharmacy manager in 1995, and was then promoted to regional pharmacy manager. Since 2001 she has been project manager for Tesco's online Nutri Centre.

Vincent Lawton, managing director of Merck Sharp & Dohme (UK) has been named the next president of the Association of the British Pharmaceutical Industry. Professor Lawton has been on the ABPI board of management since 1992 and will take over from John Patterson of AstraZeneca next April for a two-year term.

Alpharma panto raises £1,000

Alpharma has rounded off its centenary year with its version of the Christmas pantomime *Aladdin*. Production writer and director Neil Rudd said: "It all went fabulously.

"Our only incident was when the pregnant wife of our Widow Twanky jumped so high when the genie appeared amidst flashes and bangs, we thought she was going to give birth."

Two performances were held at the Roundswell Community Centre in Barnstaple and raised over £1,000 for the North Devon Hospice, with whom Alpharma have a longstanding association.

Top row from left: Karen Tithecott, Neil Rudd, Wendy Ward, Gary May, Maurice Jeffrey, Keith Shaddick, Andy Charlton, Graeme Price, Karen Matthews. Bottom row from left: Linda Skinner, Lorraine Hooper, Samantha Beaumont, Lynne Bennett, Nickie Wheeler

Mawdsleys' depot marks 25 years

Mawdsleys' celebrated the 25th anniversary of its West Bromwich depot last month with a special dinner at the West Bromwich Moathouse hotel.

Three of the original eight staff when the depot was opened are still part of the current 64-strong team at the depot, and were invited to the event along with the owners of C H White in Warley, J R Smith in Halesowen and Bournville Pharmacy in Bournville who have used the depot since it opened.

At the event, Mawdsleys' director Sue Westall and managing director Ian Brownlee presented the six with tankards to mark their long-term commitment to the business.

Pictured with their tankards, from left to right, are: Mawdsleys' depot stock controller Martin Bourne, director Sue Westall, depot manager Tracey Woodhall, managing director Ian Brownlee, John Smith of J R Smith pharmacy, Angela McKay of C H White pharmacy, Bill Carter of Bournville pharmacy, and depot driver Michael Dale

He shoots – he scores!

In this season of excess, the chemical cocktail of ecstasy and Viagra is getting an airing on the party circuit.

Apparently the combination of the happy pill and the blue diamond 'upper' is a favourite of a popular 60s band (not the Beatles). Of course 'e &V' has various user names. According to *popbitch.com*, in Ireland it's called erecstacy, and in the USA it's known as sextacy or trail-mix. Down under, it's popularly known as blue almonds.

And while we're on the subject of Viagra, Brazilian footballing god Pele was seen last month with Austrian sex therapist Gerti Senger. The two were attending the 'Five years of Viagra – superstar Pele for sexual good health' press conference organised by Pfizer in Vienna. Ten days later he was seen escorting the Swedish Queen Silvia. For clarity, the two events were entirely unrelated.

Male 'pill' volunteers wanted

Scientists at Edinburgh University are recruiting men for a year-long male contraceptive trial with an emphasis on ease of use.

However, volunteers thinking this will be an excuse for increased 'activity' may be disappointed. Researchers will be looking at sperm counts in the unromantic environment of a laboratory.

For those concerned, it could be a costly experiment with 18 years' worth of child-rearing costs should the contraceptive fail, lead researcher Melanie Walton explained: "As we will not be analysing the number of pregnancies as our outcome, couples involved will be able to use a second form of contraception.

"If successful, we think our annual dual-implant approach will be popular with men, as it requires few trips to a clinic once sperm level has been suppressed."

A male contraceptive trial led by a female researcher? No wonder it's been designed as low maintenance.

Delivering real value this Christmas

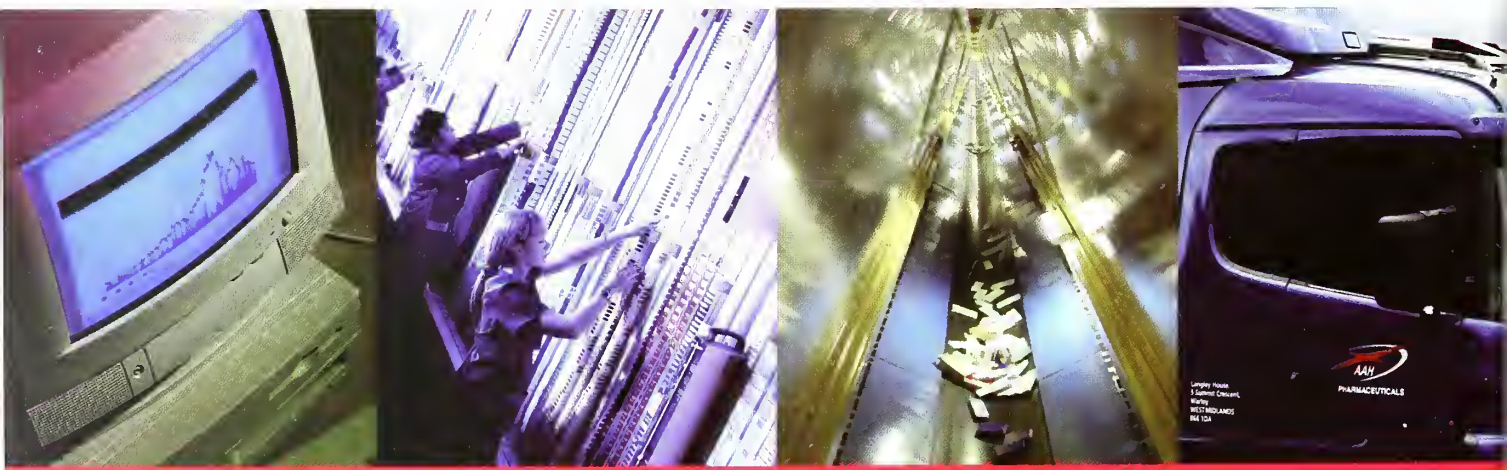
No Christmas cards from AAH this year! Once again we are giving the cash we normally spend on greetings to a worthy cause – the ICARE charity based at Coventry's Walsgrave Hospital, which deals with renal and neurosurgical as well as general medical cases. It will be used to buy specialist medical equipment the hospital cannot afford – a vitally-needed second oscillator that will provide ventilating support for vulnerable patients. At AAH we like to see it as a collective gift from our many friends and customers in the pharmaceutical industry – your, and our, way of bringing health and happiness not just for one festive season but for many, many years to come.

DELIVERY SCHEDULE OVER THE CHRISTMAS AND NEW YEAR HOLIDAYS

Christmas Eve	Deliveries as normal
Christmas Day	No deliveries
Boxing Day	No deliveries
27th December	Deliveries as normal
28th December	Deliveries as normal
29th December	Deliveries as normal
30th December	Deliveries as normal
New Year's Eve	Deliveries as normal
New Year's Day	No deliveries
2nd January	Normal service resumes

In Scotland and Northern Ireland local restrictions apply. Customers should speak to their branch or Business Manager for specific schedules.

HAPPY CHRISTMAS AND A PROSPEROUS NEW YEAR
TO ALL OUR CUSTOMERS FROM EVERYONE AT AAH



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